



LAMONT CREEK TENNIS CLUB MEMBERSHIP APPLICATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ DATE OF BIRTH: _____
(optional)

E-MAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

	NAME	RELATIONSHIP	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____

I the undersigned do release the LAMONT CREEK TENNIS CLUB, its directors and members from all claims actions, cause of actions, damages and demands for loss or injury resulting directly from participation in the program. This includes all costs, damages and expenses incurred in defending any such claims or actions.

The Executive has the authority to deny or suspend membership if it is in the best interest of the club.

SIGNATURE: _____

MEMBERSHIP PAYMENT AND RENEWAL

Date/Season	Payment	Date/Season	Payment



LAMONT CREEK TENNIS CLUB PRIVACY POLICY PERSONAL INFORMATION

The Lamont Creek Tennis Club agrees not to distribute personal information collected through our registration process. The Lamont Creek Tennis Club is a member of the Ontario Tennis Association (OTA) and as such the name and address of each member is registered with them.

We share club member information with other members and post limited information on our Website. Please indicate by circling if you accept or decline to have information shared in this manner. If you do not circle your choices, it is assumed that you **ACCEPT**.

NAME, PHONE NUMBER, E-MAIL - this is included in our Membership Directory that is distributed to club members:

ACCEPT / DECLINE

NAME, PHONE NUMBER, E-MAIL - will be shared with other club members to coordinate play for men's league, ladies' league or social round robin if you wish to be included in these function. Our coordinators agree to use this information for organizing tennis play only:

ACCEPT / DECLINE

FIRST NAME & LAST NAME INITIAL - posted on our website with ladder and house league standings and schedule

ACCEPT / DECLINE

PICTURES - taken on the courts and at social events may be posted on our Website

ACCEPT / DECLINE

NAME:

(please print)

SIGNATURE:

DATE:
