

Membership Application 2018

website: csltennisclub.com
 facebook: www.facebook.com/csltennis
 email: info@csltennisclub.com



New Member Returning Member

8215 Guelph Road, Côte Saint-Luc, Qc., H4V 2Z3, Tel : 514-487-7862

New and returning members; please fill in all information

First Name:		Last Name:			
Address:					
City:	Prov:	Postal code:			
Home Phone:	Business Phone:	Cell Phone:			
Email: (Required)					
Quantity	Membership Category	Early Bird Fee*	Regular Fee	Total	
	Family plan (includes children 17 & under living in the same residence)	\$572.00	<input type="checkbox"/>	\$623.00	<input type="checkbox"/>
	Family plan (First time discount)	\$474.00	<input type="checkbox"/>	\$515.00	<input type="checkbox"/>
	Adult (Age 36 to 59)	\$382.00	<input type="checkbox"/>	\$417.00	<input type="checkbox"/>
	Adult (Age 18 to 59 - first time discount)	\$192.00	<input type="checkbox"/>	\$209.00	<input type="checkbox"/>
	Young Adult (Age 18 to 35)	\$214.00	<input type="checkbox"/>	\$232.00	<input type="checkbox"/>
	Junior (Age 14 and under)	\$77.00	<input type="checkbox"/>	\$87.00	<input type="checkbox"/>
	Junior (Age 15 to 17)	\$89.00	<input type="checkbox"/>	\$100.00	<input type="checkbox"/>
	Senior (60 and older; \$90 for 90 and older)	\$307.00	<input type="checkbox"/>	\$333.00	<input type="checkbox"/>
	Senior (60 and older - first time discount)	\$154.00	<input type="checkbox"/>	\$166.00	<input type="checkbox"/>
	Pool Member Individual	NA		\$10.00	<input type="checkbox"/>
	Pool Member Family (3 or more persons living in the same residence)	NA		\$25.00	<input type="checkbox"/>
	Guest Pass Adult: 5 sessions	NA		\$50.00	<input type="checkbox"/>
	Guest Pass Adult: 1 session	NA		\$12.00	<input type="checkbox"/>
	Guest Pass Junior: 1 session	NA		\$6.00	<input type="checkbox"/>
[All Above fees include pool membership for Member(s), and all taxes] *Early Bird fees apply only to application forms received by May 14, 2018.				Grand Total:	

Pool Identification Cards-for non tennis club members

Full Name	Cell	Email	Relationship:*
			Spouse
			Child
			Child
			Child

*Only spouse or children are eligible.

*Pay by *Interac* at the address below:

**Make cheques payable to the City of Côte Saint-Luc

Mail to: Membership Côte Saint-Luc Tennis Club
 C/O Aquatic and Community Center, 5794 Parkhaven Avenue
 Cote Saint-Luc, Quebec, H4W 0A4

Attn: Ryan Nemeroff

Please do not staple cheques to form.

Method of Payment:	Received by: (reserved for administration)			
Cheque**	Interac*	Visa	MasterCard	
Card No.	Exp.			
Name of Cardholder:				
Signature:				

Waver must be signed on reverse side of form.

REFERRAL GUEST PASSES

For the 2018 tennis season, for any new member referred to the club, the referring member receives a Guest Pass Card for 5 sessions, valued at \$50.00.

Name of referred member: _____

Where did you first learn about the CSL Tennis Club?

Newspaper ___ Parks and Recreation Department posters ___
 Recreation Department brochure ___
 Internet ___ Friend ___
 Other ___ TSPA ___

Membership Information

Individual members or Family Plan: Please list all members who will be using the courts. Only one unique email address may be used per person.

Applicant 1	Membership No.:	First year member <input type="checkbox"/>
Surname	Date of Birth (Juniors, Students, Seniors)	(yy/mm/dd)
First Name	Email	
Cell Phone	USTA/NTRP Level (1.0-7.0*)	Don't know <input type="checkbox"/>
Home Phone	Business Phone	
Applicant 2	Membership No.:	First year member <input type="checkbox"/>
Surname	Date of Birth (Juniors, Students, Seniors)	(yy/mm/dd)
First Name	Email	
Cell Phone	USTA/NTRP Level (1.0-7.0*)	Don't know <input type="checkbox"/>
Home Phone	Business Phone	
Applicant 3	Membership No.:	First year member <input type="checkbox"/>
Surname	Date of Birth (Juniors, Students, Seniors)	(yy/mm/dd)
First Name	Email	
Cell Phone	USTA/NTRP Level (1.0-7.0*)	Don't know <input type="checkbox"/>
Applicant 4	Membership No.:	First year member <input type="checkbox"/>
Surname	Date of Birth (Juniors, Students, Seniors)	(yy/mm/dd)
First Name	Email	
Cell Phone	USTA/NTRP Level (1.0-7.0*)	Don't know <input type="checkbox"/>
Applicant 5	Membership No.:	First year member <input type="checkbox"/>
Surname	Date of Birth (Juniors, Students, Seniors)	(yy/mm/dd)
First Name	Email	
Cell Phone	USTA/NTRP Level (1.0-7.0*)	Don't know <input type="checkbox"/>

*NTRP Playing Levels: 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0

WAIVER - CONDITION OF PARTICIPATION IN ANY PARKS AND RECREATION DEPARTMENT PROGRAM

I hereby assume all risks relating to the activity for which I register, whether inherent therein or foreseeable or not, and I hereby release the City of Côte Saint-Luc, its employees, officers, agents and volunteer workers (all hereafter called the City) from, and waive and renounce to, any claim for loss or damage to person or property, however arising, to the complete exoneration of the City, and will save the City harmless from any such claim in principal interest and costs. If I sign the present in my capacity either as a parent or guardian, to enable a minor to participate in a program, I acknowledge it is subject to the same waiver as I am the participant. Furthermore, by signing as a parent or guardian, I hereby agree to indemnify and hold harmless the City of Côte Saint-Luc, its employees and volunteer workers from any claims for any accident, injury or loss which I or the minor child I am signing for may sustain while participating in the program activity. The City of Côte Saint-Luc is not liable for any material prejudice but not limited to, theft or loss of items, by a participant or by any other person. Further, I understand that any information which is found to be false will automatically cancel the registration, without recourse for refund. In situations whereby any services are required due to an emergency, such as ambulance, the entire cost is to be covered by the participant. I hereby authorize, at my expense, whatever medical treatment my child (if applicable) may require in the event of any emergency. Registrants are urged to obtain their own insurance.

REFUND POLICY

Any refunds granted are at the entire discretion of the City of Côte Saint-Luc. Requests for refunds will only be considered upon the City of Côte Saint-Luc receiving a written request prior to the date at which one third of the program has been completed, subject to the medical reason exception. All refunds granted will be subject to an administrative charge of 20% off the total cost of the program and any refunds granted will be pro-rated based solely on the date the City of Côte Saint-Luc receives the written refund request. The above policy is applicable for all recreation programs (except day camp, tennis club and playgroup programs) administered by the City of Côte Saint-Luc. Please see page 5 of the Parks and Recreation brochure or our website (www.cotesaintluc.org) for the complete refund policy.

In applying for membership I have read and agree to follow all established rules of the Côte Saint-Luc Tennis Club. (This includes club rules, dress code and code of conduct). Failure to follow either the letter or the spirit of Club Rules or Code may result in sanctions including but not limited to: remedial education; a suspension of playing privileges; expulsion from the Club. Refusal to sign will invalidate my registration and/or participation.

Signature _____ Date _____

Signature _____ Date _____

Waiver For Use of Photographs Taken During Program, Activities and Events

I authorize the Parks and Recreation department to take photographs during programs activities and events which I have registered for or attend. I understand that these pictures may be used for future promotional purposes, without any compensation.

Acknowledgement of Activity Waiver Signature _____ Date _____

I hereby consent to having my name and telephone numbers printed on a membership list and/or given out to fellow members for purposes related to the membership of the Côte Saint-Luc Tennis Club only and not for any other distribution or purpose. The Côte Saint-Luc Tennis Club will not release this information for any reason other than the purposes expressly stated above. (This will include contact information for any minor children).

Date): _____ Signature: _____

Date): _____ Signature: _____