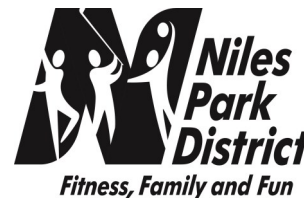




TENNIS CLUB

Niles Park District
Tam Tennis Club
Tennis Membership Application



_____ New _____ Renewal

Name: (Last)_____ (First)_____ Birthdate: _____
(Required)

Address: _____ Home Ph: _____ Mobile Ph: _____

City: _____ State: _____ Zip: _____ Work Ph: _____

Email1: _____
(Required)

Email2: _____

Annual Membership

	<u>Niles Resident</u>	<u>Non Resident</u>
Junior (under 20)	____\$88.00	____\$137.00
Adult (20-61)	____\$165.00	____\$274.00
Senior (62+)	____\$66.00	____\$137.00
Couple	____\$235.00	____\$422.00
Couple (Family)+1 child	____\$260.00	____\$486.00
Additional children(w/ Family)	____\$38.00/ea.	____\$66.00/ea.



Niles Residents must attach proof of residency.

Indoor Season Membership

	<u>Niles Resident</u>	<u>Non Resident</u>
September 1-May 31 (Cannot be prorated)	____ Adult \$124.00	____ Adult \$206.00
	____ Senior \$52.00	____ Senior \$103.00

Payment Agreement

Cash____ Check____ Credit Card____

Name on Credit Card: _____

Credit Card Number: _____ - _____ - _____ - _____ exp. ____/____

Signature

Date

Parent or Guardian (if necessary) Date

See back for Waiver

Waiver and Informed Consent Agreement

Thank you for choosing to use the facilities or programs of the Niles Park District Tam Tennis and Fitness Complex. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____ declare that I intend to use some and all of the activities, facilities, programs and services offered by the Niles Park District Tam Tennis and Fitness Complex and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the Niles Park District Tam Tennis And Fitness Complex brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by the Niles Park District Tam Tennis and Fitness Complex are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not dully licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by the Niles Park District Tam Tennis and Fitness Complex I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervision employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I agree to indemnify and hold harmless and defend the Niles Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the Niles Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate emergency care and agree that I will be responsible for payment of any and all medical services rendered.

I understand that I may ask any questions or request further explanation or information about activities, facilities, programs, and services offered by the Niles Park District Tam Tennis and Fitness Complex at any time before, during or after my participation.

I acknowledge that I have read this informed Consent and Wavier of All Claims document in its entirety, or that it has been read to me if I have been unable to read same and I fully understand its contents.

Participant's Name (printed): _____

Participant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____