



Membership Application Form

Type of Membership: Family Individual Junior

Primary Member Name: _____ DOB: _____

Spouse Name: _____ DOB: _____

Dependents Names and DOB: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Primary Phone #: _____ Spouse Phone #: _____

Emergency Contact: _____ Phone #: _____

How did you hear about Bay Area Racquet Club: _____

Member Referral Name: _____

I/We the undersigned, hereby make application for membership to Bay Area Racquet Club. I/we agree to abide by the rules and bylaws. I/we understand that membership is for 12 months (unless otherwise indicated) from enrollment month. Membership dues are payable in advance and are not transferrable or refundable. All memberships will be automatically renewed. Any cancellation must be provided in writing 30 days prior to annual renewal date.

Participation in any Bay Area Racquet Club activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by Bay Area Racquet Club, I/we, as an individual or as a parent/guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless Bay Area Racquet Club, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her participation in any activities or use of any recreational facilities at or conducted by Bay Area Racquet Club.

Signature: _____ Date: _____

PHOTOGRAPHY RELEASE

Participation in Bay Area Racquet Club sponsored classes, activities, or programs, constitutes permission by the club to use any of the photos of the participants for promotional purposes without remuneration.

Signature: _____ Date: _____

Office Use Only: Total Amount Collected: _____ Payment Method: _____ Date: _____