



## MEMBERSHIP APPLICATION 2018

### CATEGORIES and PRICES

Family Membership:	350,00 \$
Junior (under 18)	100,00 \$
Social/Bridge (No Tennis):	25,00 \$

Adult	190.00\$
Student (18 to 21)	125.00\$
Guest Fees per day adults	10.00\$
Guest Fees per day for Juniors (9:00 -16:00)	5.00\$

### MEMBER CONTACT INFORMATION : *Family Membership (Primary Contact)*

<b>Name :</b>		<b>Category :</b>		<b>Sex :</b>	
<b>E-mail :</b>		<b>Tel. :</b>		<b>Cell :</b>	
<b>Address :</b>					
<b>City :</b>		<b>Postal Code :</b>		<b>Amount :</b>	

### FAMILY MEMBERSHIP: *List of Family members to be included*

	<b>Sex M/F</b>	<b>Name (Last, First)</b>	<b>Category (Adult, Junior, etc)</b>	<b>Date of Birth Juniors only</b>
1				
2				
3				
4				
5				

Complete payment must accompany application form, please **make your check Payable to Valois Tennis Club**: and forward to:

**VALOIS TENNIS CLUB**  
**99 Queens Road**  
**Pointe Claire (QC), H9R 4G5**

**RELEASE & ASSUMPTION OF RISK:** I the undersigned hereby acknowledge that participation in any Valois Tennis Club activities is purely voluntary and I understand that participation in tennis related activities may involve risk of injury and/or property damage (including but not limited to loss, theft etc). I expressly assume the risk of such injury or damages as a personal risk of participation. It is expressly understood by the undersigned that I am solely responsible for any losses or damages sustained by me or by any third person as a result of my participation in Valois Tennis Club activities. **Release:** Consequently, I hereby release will indemnify and save harmless the Valois Tennis Club and the city of Pointe Claire, their employees, officers, agents and volunteers (collectively hereinafter: the "VTC"), from any and all claims and causes of action in any way related to or resulting from the participation by the undersigned in the activities of the VTC. If I sign this release in my capacity either as a parent or guardian, to enable a minor to participate in a VTC program, I acknowledge my signature below signifies acceptance that the terms and conditions herein also apply to said minor and shall constitute a release by said minor, parent and/or guardian. **Medical emergencies:** In the event of a medical emergency regarding me or my child, should an issue of consent arise, I hereby authorize whatever medical treatment my child or I may require. In situations where emergency services are required for a participant, such as ambulance services, the entire cost will be borne by the participant. Any child under the age of 12 must be supervised by their parents while at the club and should not be left unattended. **Refund policy:** Any refunds granted are at the entire discretion of the VTC. Requests for refunds will only be considered upon the Valois Tennis Club receiving a written request prior to June 1. There is a \$65 administration fee charged for each refund issued before June 1, subject to the medical reason exception. The above policy is applicable for all tennis programs administered by the VTC. Further: I understand that any information in my registration which is found to be materially false will automatically cancel the registration, without recourse for refund. In applying for membership, I have read and agree to follow all established rules of the VTC. (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 or expulsion from the Club. Refusal to sign this release will invalidate my registration and/or participation.

**Waiver for Use of Photographs Taken during Program, Activities and Events:** I authorize the Valois Tennis Club to take photographs during tennis activities and associated events for which I have registered or chose to attend. I understand that these pictures may be used for future promotional purposes, without any compensation. **Acknowledgement of Activity Waiver:** I hereby consent to having my name and telephone numbers printed on a membership list and/or distributed to fellow members for purposes related to the membership of the Valois Tennis Club only and not for any other distribution or purpose. The Valois 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).

Signature (Adult #1): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Adult #2): \_\_\_\_\_ Date: \_\_\_\_\_

**Inquiries:** [www.valoistennis.org](http://www.valoistennis.org) e-mail: [info@valoistennis.org](mailto:info@valoistennis.org) Tel: 514 630-1302

**Volunteers:** I would be interested in helping out at certain events held at the VTC  Yes  No thank you  
 e.g.: Court opening, Opening BBQ, Tennis Tournaments, Junior Academy and other club sponsored activities.