

Westboro's Best For Swimming, Fitness, Tennis & Group Exercise

35 Chauncy Street., Westboro, Massachusetts 01581

www.thewestboroclub.com

Phone: (508) 366-1222

Membership Application

	Membership Appir	Cation	
(Terms & Conditions on Reverse Side	1		
		() -	1 1
Last Name	First Name, Middle Initial	Home/Cell Phone	Date of birth
Employer	Work phone	Email Address	
Home Address	City, Zip		
		() -	1 1
pouse/Partner's Last Name	First Name, Middle Initial	Home/Cell Phone	Date of birth
mployer	Work phone	Email Address	
Birthdate:		В	irthdate:
hild's Name		Child's Name	
Birthdate:		В	irthdate:
hild's Name		Child's Name	
	() -		
mergency Contact Name	Phone	Nanny Name	
oid anyone refer you to the Club? Y/N	If Yes, who?	How did you hear about us?	
IABILITY WAIVER: Should any	terms or parts be deemed unenforceable, r	emaining terms will remain in full fo	orce and effect.
	amiliar with the risks and perils inherent in	_	
Swim Club, am aware of the risks	of personal injury to myself and my childre	n when undertaking such, and volur	itarily assume
	ce or recklessness, hereby release the West		
	and employees of the Westboro Tennis &		•
_	and/or my children's use of the property w	-	
	me harmless in the absence of gross neglig	-	-
	erty, including theft, associated with my use accessors, or its assigns. The information su	_	•
	ission for photos to appear in club brochure		
_	also understand that at some times the Club	_	
•	e same terms and conditions listed above in		_
	anized, or managed by the Club and/or its p		•
y families' travel to and from such le	ocation either with or in the presence of a C	lub employee or alone.	-
gnature:	Date:	MEMBER MUST INIT	TIAL NEXT PAGE
	ENT AGREEMENT	AMERICA STREET	A NEW AND RESIDENCE
	1 (111111111111111111111111111111111111	26 1 "	

By signing below, I understand that members are entitled to charge goods and services sold by the Westboro Tennis & Swim Club, and I agree to repay those charges within the following terms: payments are due within 30 days of invoice. Amounts over 30 days past due accrue interest at 2% per month, non-payment of amounts over 90 days will incur a \$50.00 late fee each month until paid. Past due accounts risk membership suspension or termination. I also understand that I will be responsible for reasonable collection fees related to collecting past due accounts. I also authorize dependants and family members on my membership to incur charges unless specifically noted below, and agree to be responsible and pay any such charges incurred by the family members listed on the above application. I also understand and have read the terms on the reverse side.

Signature:	Date:	

Member #:	Membership Code:
Membership Type	e:
Health Insurance	Company:
Promotion:	
Current Month:	\$
Annual Fee:	\$
Membership Dues	s: \$
Fotal Due:	\$
Gift given?	New Mem Pkg Mailed?
Member Represer	ntative:
Health Screening	Form Completed?
Start Date:	-
Expiration Date:	

Membership Agreement Terms and Conditions MEMBERSHIPS ARE NON-TRANSFERABLE.

CONSUMER'S RIGHT TO CANCELLATION

You may cancel your membership contract without any penalty or further obligation by causing a written notice of your cancellation to be delivered in person or postmarked by certified or registered United States mail within three (3) business days of the date of your contract or the date of your receipt of the address specified in the contract.

ADDITIONAL RIGHTS TO CANCEL

You or your estate may also cancel the contract for any of the following reasons via the same procedure: 1.If upon a doctor's order, you cannot physically or medically receive the services because of significant physical or medical disability for a period in excess of three months. 2. In case of your death. 3. If the health club services to be provided under this contract are not available because the seller fails to open a planned health club or location, permanently discontinues operation of a health club or location, or substantially changes the operation of a health club or location. 4. If you move either your residence or your place of employment more than twenty-five miles from any health club operated by the seller or a substantially similar health club which will accept the seller's obligation under the contract.

CLUB RIGHT TO CANCEL

Westboro Tennis & Swim Club has the right to terminate your membership agreement when one or more of the following circumstances apply. 1. Non-payment of balance 90 days overdue (60 days for summer membership). 2. Damage to club property or facilities. 3. Violation of club privileges or facilities. 4. At the discretion of the Owner or General Manager. Membership dues will not be refunded when membership is terminated due to violation of club policies.

MEMBERSHIP FREEZE: A membership may be put on freeze under limited circumstances. 1. Medical condition. 2. Discretionary circumstances. Freezes must be requested in writing prior to the freeze of the membership. Your account must be paid in full prior to the freeze. A freeze must be applied to all of the family members on the account. Freezes are granted at the discretion of the General Manager, and freeze allowance terms and conditions may change at any time. Please see the current version of the membership handbook for more information.

MEMBERSHIP: Membership is gained upon completion of this application and payment of the necessary fees. Membership begins immediately, or on the effective date if different, and is automatically renewed every 12 months for the following year. The Club requires 45 days written notice of intent to cancel; with the exception of the "fitness only" membership, cancellations are only accepted at your renewal time. Your cancellation must be requested in writing forty-five (45) days prior to your requested cancellation date. All outstanding bills must be paid prior to the termination of your membership. All memberships are for a 1 year time period unless specified as a short term membership (i.e.: summer or winter).

AUTOMATIC RENEWAL: Memberships are automatically renewed for the same term as the initial term unless canceled by the member within 45 days of the renewal date. Reasonable attempts are made to contact the member the month prior to renewal. Unless cancellation instructions in writing are received, membership dues will be billed to the member's account on the renewal date. Payment of such dues or use of the club after a member's anniversary date shall constitute acceptance of this original agreement for an additional term equal to the original 1 year term herein. Monthly payment members will be deemed to have accepted an additional 1 year term upon payment of the first month dues after their one year renewal date, or use of the club after their anniversary date. Membership terms offered by the Westboro Tennis & Swim Club are annual only. Memberships never at any time revert to a month to month membership. Rates are subject to change at time of renewal. Payment of dues or use of the club after a member's anniversary date constitutes acceptance of any rate increase.

I have read and understand Membership Terms including Automatic Renewal. Initial:

PREPAID MEMBERSHIPS: Members will pay their full membership fee at the time of joining. Rate changes will be reflected at the time of renewal.

MONTHLY PAYMENT PLAN: Members must pay their first month dues at the time of joining a one year membership. Payments are due on the first day of the next 11 consecutive months. Rate changes will be reflected at the time of their renewal. ANNUAL FEE: Members must pay the Annual Fee at the time of joining. The Annual Fee is automatically charged every 12 months for the following year. Rate changes will be reflected at the time of renewal. Annual fees are not refundable or transferable. HOUSE CHARGES: All house charge accounts will be billed on the first of each month and the balance is due in full on or before the 30th of that month. House Charge privileges may be suspended on accounts 60 days past due. Memberships may be terminated on accounts 90 days past due. All accounts will be charged a finance charge at the rate of 2.0%/month on overdue balances. HOURS OF OPERATION: Club hours are established and outlined in membership literature. Use of the Club outside of these hours is prohibited. Further, Westboro Tennis & Swim Club reserves the right to alter the hours of operation without prior notice; however, if this is necessary, the Club will make every attempt to notify the membership. COVID-19: You acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed or infected by attending Westboro Tennis & Swim Club, and such exposure or infection may result in personal injury, illness, disability, or death. You understand that the risk of exposure may result from the acts or omissions of yourself, other members, or club employees. You voluntarily agree to assume the risks and accept sole responsibility for any injury, illness, damage, loss, claim, liability or expense you may incur in connection with your attendance at the clubs, and you release and covenant not to sue, discharge and hold harmless Westboro Tennis & Swim Club, its empl

I have received a copy of the Member Handbook and agree to abide by its rules and policies. I also understand that Club rules and policies may change at any time without notice. This agreement constitutes the entire agreement between me, my family/dependants, and the Club. I understand that membership entitles me to use of the club, but club programs, clinics, lessons, and court usage may have additional fees. Space or enrollment in programs is not guaranteed. Every effort is made to provide adequate program time and space for all members, including pool time and tennis court availability. Failure to secure program space, pool space, or tennis court space shall not constitute grounds for refund of any fees or membership dues. All billing disputes must be in writing and be forwarded within 30 days of invoice for consideration.

I have read and understand all of the above terms and conditions. Agreed and acknowledged: _____



Westboro's Best for Swimming, Fitness, Tennis, & Group Exercise www.wtsc.com

Phone: 508-366-1222 info@wtsc.com

EFT Permission Form

I,, authorize my bank to make my payment by the method indicated below, and post it to my account, for services by The Westborough Club Inc, it's successors and/or assigns.
Billing Procedure. All members must link their clubhouse charge account to a credit card or bank account. At the end of each month, all charges by a member will be processed and aggregated, and billed to the above described card as a single dollar value. Each month, members will be emailed a reminder to login to their account, which shows all charges applied to their account the previous month. Billing questions should be submitted within 30 days of invoice. Billing errors will be credited back to the above account. Remember, memberships automatically renew on an annual basis. If you wish to cancel your membership, you must notify us in writing 30 days prior to the expiration of your membership so that your account is not charged for your renewal membership dues.
Bill Dates and Cycle-PLEASE READ. All members have a "clubhouse" account that is linked to their credit card or bank. The Westboro Tennis and Swim Club's billing cycle is a monthly cycle. At the conclusion of each month, an invoice is generated for all purchases made during the just ended month and not paid for at the point of sale. Any items or services purchased at the club by the member or their family and not paid for at the point of sale will be billed to the clubhouse account. At the end of the month, the clubhouse charges as well as the monthly dues for the next month are aggregated into a statement. On or about the 7 th of the next month, the balance showing from the previous 30 days will be debited from the account given below via EFT. At any time prior to the end of the month, a member may pay their bill to avoid EFT. Once the month ends, any payment on account received after the first and before the 7 th of the next month, will not be applied to the previous month bill as that bill has already been transferred for EFT processing by an outside service. Members may dispute their bills, and at the option of the club, credit will either be applied to the member's clubhouse account or directly to the member's EFT account. Due to the uncertainty of Covid-19, members will not be reimbursed for absences. The Club will apply credits to your account in the event of closure or program cancellation. Account inquiries outside of 30 days past the bill may take extensive time to research. We ask that you review your bill carefully each month and make any inquiries as soon as possible.
<u>Privacy Practice</u> . All credit card information and personal information is kept confidential and is never shared with outside vendors or services. Credit card information is entered into the billing system and paper copies are destroyed immediately after entry. Billing information is encrypted on a secure network only accessible by authorized employees and billing representatives. For checking and savings account information, we will retain this as required for NACHA compliance.
I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will call or write The Westboro Tennis and Swim Club. Change of payment method will not affect other provisions and terms of my Membership Agreement. The Westboro Tennis and Swim Club assumes that all credit card numbers will be renewed with new expiration dates unless notified. Any billing change requires 30-day notice.
A \$20.00 service charge will be applied to all returned charges.
Member Name Date Signature
mail: (please print clearly)
INFORMATION BELOW THIS LINE WILL BE DESTROYED AFTER DATA ENTRY UNLESS SUBJECT TO NACHA COMPLIANCE
INFORMATION BELOW THIS LINE WILL BE DESTROYED AFTER DATA ENTRY UNLESS SUBJECT TO NACHA COMPLIANCE CHECKING: (NOTE: For Checking Account Authorization, attach a voided check)
CHECKING: (NOTE: For Checking Account Authorization, attach a voided check)
CHECKING: (NOTE: For Checking Account Authorization, attach a voided check) (Routing Number) (Account Number)
CHECKING: (NOTE: For Checking Account Authorization, attach a voided check) (Routing Number) (Account Number) OR

Westboro Tennis & Swim Club New Member Health Screening (Please print clearly) And Liability Release Form



Name	; <u> </u>	Date:
Addre	ess:	Town:
		Minus.
State:	Zip:	Phone:
1		LIABILITY RELEASE AGREEMENT: By signing below,
Y N Y N Y N Y N	Do you often feel faint or have spells of severe dizziness? Has a doctor ever said your blood pressure is too high? Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? Do you frequently have pains in your heart and/or chest?	agree that I am familiar with the risks and perils inherent in all activities conducted at the Westboro Tennis & Swim Club, are aware of the risks of personal injury to myself and my children when undertaking such, and voluntarily assume and, in the absence Club, its successors and/or assigns, including agents, officers, and employees of the Westboro Tennis & Swim Club and it successors and/or assigns, from all risks associated with my us and/or my children's use of the property which is the subject of the membership or usage agreement. I also agree to hold the same
YN	Are you over age 65?	harmless in the absence of gross negligence or recklessness for an
Y N		and all losses of personal property or damage to personal property including theft, associated with my use or presence on ground owned or leased by the Westboro Tennis & Swim Club, it successors, or its assigns.
		Signature:
	ian BEFORE participating in any Club activities or use of the section of the sect	WESTBORO
W Ne Ai	estboro Tennis & Swim Club ew Member Health Screening (Please nd Liability Release Form	print clearly)
W	estboro Tennis & Swim Club ew Member Health Screening (Please ad Liability Release Form	print clearly)
W No Ar	estboro Tennis & Swim Club ew Member Health Screening (Please nd Liability Release Form	print clearly) Date:
W Ne Ar Name	estboro Tennis & Swim Club ew Member Health Screening (Please nd Liability Release Form	print clearly) Date: Town:
W No Ar	estboro Tennis & Swim Club ew Member Health Screening (Please nd Liability Release Form	print clearly) Date:
W Name Addre State: Y N Y N Y N Y N	estboro Tennis & Swim Club ew Member Health Screening (Please ad Liability Release Form : Zip: Zip: Do you often feel faint or have spells of severe dizziness? Has a doctor ever said your blood pressure is too high? Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?	print clearly) Date: Town: Phone: Phone: LIABILITY RELEASE AGREEMENT: By signing below, agree that I am familiar with the risks and perils inherent in all activities conducted at the Westboro Tennis & Swim Club, an aware of the risks of personal injury to myself and my children when undertaking such, and voluntarily assume and, in the absence Club, its successors and/or assigns, including agents, officers, and employees of the Westboro Tennis & Swim Club and its successors and/or assigns, from all risks associated with my use
W Name Addre State: Y N Y N Y N Y N	estboro Tennis & Swim Club ew Member Health Screening (Please ad Liability Release Form : Zip: Zip: Do you often feel faint or have spells of severe dizziness? Has a doctor ever said your blood pressure is too high? Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? Do you frequently have pains in your heart and/or chest?	print clearly) Date: Town: Phone: Phone: LIABILITY RELEASE AGREEMENT: By signing below, agree that I am familiar with the risks and perils inherent in al activities conducted at the Westboro Tennis & Swim Club, an aware of the risks of personal injury to myself and my children when undertaking such, and voluntarily assume and, in the absence Club, its successors and/or assigns, including agents, officers, and employees of the Westboro Tennis & Swim Club and its successors and/or assigns, from all risks associated with my use and/or my children's use of the property which is the subject of the
W Name Addre State: Y N Y N Y N Y N Y N	estboro Tennis & Swim Club ew Member Health Screening (Please ad Liability Release Form : Zip: Has a doctor ever said you have heart trouble? Do you often feel faint or have spells of severe dizziness? Has a doctor ever said your blood pressure is too high? Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? Do you frequently have pains in your heart and/or chest? Are you unaccustomed to vigorous exercise?	Phone: Town: Phone: LIABILITY RELEASE AGREEMENT: By signing below, agree that I am familiar with the risks and perils inherent in al activities conducted at the Westboro Tennis & Swim Club, an aware of the risks of personal injury to myself and my children when undertaking such, and voluntarily assume and, in the absence Club, its successors and/or assigns, including agents, officers, and employees of the Westboro Tennis & Swim Club and its successors and/or assigns, from all risks associated with my use and/or my children's use of the property which is the subject of the membership or usage agreement. I also agree to hold the same
W No An Name Addre State: Y N Y N Y N Y N Y N Y N Y N	estboro Tennis & Swim Club ew Member Health Screening (Please ad Liability Release Form : Zip: Zip: Do you often feel faint or have spells of severe dizziness? Has a doctor ever said your blood pressure is too high? Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? Do you frequently have pains in your heart and/or chest? Are you unaccustomed to vigorous exercise? Are you over age 65?	print clearly) Date: Town: Phone: Phone: LIABILITY RELEASE AGREEMENT: By signing below, agree that I am familiar with the risks and perils inherent in al activities conducted at the Westboro Tennis & Swim Club, an aware of the risks of personal injury to myself and my childrer when undertaking such, and voluntarily assume and, in the absence Club, its successors and/or assigns, including agents, officers, and employees of the Westboro Tennis & Swim Club and its successors and/or assigns, from all risks associated with my use and/or my children's use of the property which is the subject of the membership or usage agreement. I also agree to hold the same harmless in the absence of gross negligence or recklessness for any
W Name Addre State: Y N Y N Y N Y N Y N	estboro Tennis & Swim Club ew Member Health Screening (Please ad Liability Release Form : Zip: Zip: Zip: Has a doctor ever said you have heart trouble? Do you often feel faint or have spells of severe dizziness? Has a doctor ever said your blood pressure is too high? Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? Do you frequently have pains in your heart and/or chest? Are you unaccustomed to vigorous exercise? Are you over age 65?	Phone: Town: Phone: LIABILITY RELEASE AGREEMENT: By signing below, agree that I am familiar with the risks and perils inherent in al activities conducted at the Westboro Tennis & Swim Club, an aware of the risks of personal injury to myself and my children when undertaking such, and voluntarily assume and, in the absence Club, its successors and/or assigns, including agents, officers, and employees of the Westboro Tennis & Swim Club and its successors and/or assigns, from all risks associated with my use and/or my children's use of the property which is the subject of the membership or usage agreement. I also agree to hold the same

If you have responded "YES" to any of the above questions, Westboro Tennis & Swim Club recommends that you consult a physician BEFORE participating in any Club activities or use of the facility.