



Participant Application (Family Members May Use the Same Application)

Participant Name: _____ DOB: _____ Male/Female

Participant (#2): _____ DOB: _____ Male/Female

Participant(#3): _____ DOB: _____ Male/Female

Street Address _____ Home # _____

Town: _____ Zip Code _____ Work# _____

Parent's Name (if minor) _____ Cell# _____

EMAIL: _____

Emergency Contact _____ Emergency #: _____

Participant Information:

Participants must indicate a method of payment for their first program signup (below). This Participant Application allows people who are not Club Members to take certain programs and classes normally only available to Members. Any non-member who completes this application will be entered in our system as a Participant and will be able to register for classes during non-member enrollment periods of eligible programs. Method will be charged upon processing of this application and confirmation of program availability by our staff. Some participants have the option of leaving this payment method on file for future transactions. However, camp Applications must leave this on file. Once you fill out this form, you will not have to fill it out again for any future programs. It is important that you provide us with a valid, working email address. Your receipt and online credentials will be emailed to you once your application is processed. Once you receive your online credentials, you may view your account online at any time, as well as sign up for programs in the future during non-member enrollment periods. Whether you leave your payment method on file with us, Participants may choose other payment methods at the time of future program registration. If you do not receive your login information within a week of submitting this form, please email us and let us know! In order to register for programs in the future, during non-member registration periods, Participants may 1) Call the club, 2) Sign up in person at the front desk or 3) sign up online using your login information.

Club Policies: (a full copy of our Club Policies is available online)

Cancellations: Tennis Signup Programs: Full session credit if cancellation is 14 days prior to start of the program.

Other session signup programs: Full session credit if cancellations is 7 days prior to start of program

Weekly Signup Programs: Full Charge for the day if less than 48 hour notice.

Private Tennis Lessons: Full charge for lesson if less than 48 hour notice.

No Shows/Late Cancel: Full rate will be charged for any lesson or program.

Withdrawals: No Credit unless slot can be filled

Make-Ups: Due to the size and popularity of our classes, we are unable to permit make-ups and there are no make-ups for classes missed.

Classes cancelled by Westboro Tennis & Swim Club may have a scheduled make-up, but no refund will be given. No credits/refunds will be issued

Should you choose not to or be unable to attend a make-up for any reason.

Liability Release:

By signing below, I agree that I am familiar with the risks and perils inherent in all activities conducted at the Westboro Tennis & Swim Club, I am aware of the risks of personal injury to myself and my children when undertaking such, and voluntarily assume and, in the absence of gross negligence or recklessness, *herby release and idemnify* The WestboroTennis and Swim Club, its successors and/or assigns, from all risks associated with my children's, spouse's, or guests 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 and all losses or personal property or damage to persona property, including theft, associated with my use or presence on grounds owned or leased by the Westboro Tennis & Swim Club, its successors, or its assigns. I also agree to follow all of The Club policies and procedures, understand all of the pertinent refund policies above, and have reviewed the Club's policy booklet available online.

Signature: _____

Date: _____

(PLEASE COMPLETE THE REVERSE SIDE)

HEALTH HISTORY : Please complete the following health questionnaire for the applicant

- | | | |
|---|---|---|
| Y | N | Has a doctor ever said you have heart trouble: |
| Y | N | Do you frequently have pains in your heart and/or chest? |
| Y | N | Do you often feel faint or have spells or severe dizziness? |
| Y | N | Has a doctor ever said your blood pressure was too high? |
| Y | N | Has a doctor every told you that you have a bone or joint problem that might be made worse with exercise? |
| Y | N | Is there a good physical reason why you would not follow an activity program even if you wanted to? |
| Y | N | Are you over the age 65 and not accustomed to vigorous exercise? |

If you responded "YES" to any of the above questions for any applicant, Westboro Tennis & Swim Club recommends That you consult a physician before participating. *Westboro Tennis & Swim Club, does not review the above information for Any screening purposes.*

Signature: _____ Date: _____

Program Signup (Participant 1)

Participant Name: _____ Session: _____

Program Name: _____ Cost: \$ _____

Program Day: _____ Time: _____

Program Signup (Participant 2)

Participant Name: _____ Session: _____

Program Name: _____ Cost: \$ _____

Program Day: _____ Time: _____

Program Signup (Participant 3)

Participant Name: _____ Session: _____

Program Name: _____ Cost: \$ _____

Program Day: _____ Time: _____

PAYMENT INFORMATION

Payment information will be kept on file for future charges unless you check the box below

MC/Visa: _____ CID# _____

Amex/Disc
Name on Card: _____ Exp. Date: _____

Signature _____ Date: _____

____ Please do not keep my payment information on file for future transactions. Summer Camp Applicant cannot check this box, the method of payment must be kept on file for Installments, incidentals, and adding future session for camp.