

FOR OFFICE USE ONLY

DATE ENTERED ___/___/___

ANNUAL FEE \$20.00

EXPERATION DATE: ___/___/___

Participant Application

(Family Members May Use Same Application)



Participant Name: _____ DOB: _____ Male/Female

Participant Name (if more than 1): _____ DOB: _____ Male/Female

Participant Name (if more than 2): _____ DOB: _____ Male/Female

Street Address: _____ Home # _____

Town: _____ Zip Code: _____ Work#: _____

Parent's Name (If Jr): _____ Cell #: _____

E-Mail: _____

Emergency Contact: _____ Emergency #: _____

(If different than above)

Participant Information:

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. Participants must indicate a method of payment for their first program signup (below). That method will be charged upon processing of this application and confirmation of program availability by our staff. Participants have the option of leaving this payment method on file for future transactions; however, Summer Camp Applicants must leave this on file. Participants must pay a \$20 annual fee at time of registration.

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 if you have payment information on file 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:

Session Signup Programs: Full session credit if cancellation is 7 days prior to start of program (14 days if prior to the start of a program for Tennis Clinics)

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

Private Tennis Lessons & Private Swim 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.

Personal Training: Full charge for the day if less than 24-hour notice.

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, am aware of the risks of personal injury to myself, spouse, and my children when undertaking such, and voluntarily assume and, in the absence of gross negligence or recklessness, hereby *release and indemnify* the Westboro Tennis & Swim 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 and/or 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 to the extent allowed by Massachusetts law for any and all losses or personal property or damage to personal 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 REVERSE SIDE)

Health History

Please complete the following health questionnaire for the applicants.



- | | | |
|---|---|--|
| 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 ever 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 age 65 and not accustomed to vigorous exercise? |

If you have 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

Credit Card Information required and will be kept on file for future charges.

You may still pay by cash or check at time of sign-ups in which case your card on file will not be charged.

MC/Visa: _____ CID#: _____

Amex/Disc _____

Name on Card: _____ Exp Date: _____

Signature: _____ Date: _____