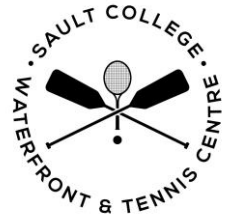




**Sault College Waterfront & Tennis Centre**  
 in partnership with the Sault Ste. Marie Tennis Association  
**Membership Form - 2017**



New Member                       Renewing Member

**Membership Details**

Membership Start Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Type	Cost	Type	Cost
Adult- Season	\$150.00	Sault College Staff Season	\$75.00
Student (16-23yr)- Season	\$80.00	Adult Month	\$50.00
Junior (5-15yr)- Season	\$60.00	Guest Week	\$30.00
Family- Season	\$350.00	Day Pass	\$8.85

- All fees are subject to HST

**Member Details**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(#) (street) (city) (postal code)

Telephone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Members Declaration & Payment Details**

Before signing this document, I have read, understand and hereby agree to the terms and conditions of the membership as defined on the back of this form and know that it affects my legal rights.

I agree to pay the following fees:

Membership fee: \$ \_\_\_\_\_ HST: \$ \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Total Fees Received \$ \_\_\_\_\_ Payment Type: Chq Cash Visa M/C Debit Payroll Ded

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ ID Number: \_\_\_\_\_

Membership Receipt Number: \_\_\_\_\_

## MEMBERSHIP TERMS & CONDITIONS

### Acknowledgement of Risks, Injury & Obligations

I acknowledge that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks.

I acknowledge and understand that whilst participating in such activity:

- I may be injured, physically or mentally
- My personal property may be lost or damaged
- The conditions in which the activity is conducted may vary without warning
- I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

### Release and Indemnity

I participate in the activity at my sole risk and responsibility.

I release, indemnify and hold harmless Sault College, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

### Administration

I have read the Sault College Waterfront & Tennis Centre guidelines and agree to abide by them.

### Access To Courts

All members must wear their shoe tag at all times.

All members must book their court time using the online booking software.

Members can obtain a replacement shoe tag if tag is lost or stolen.

**All requests for membership changes must be made directly to the Sault College Athletic Department via [athletics@saultcollege.ca](mailto:athletics@saultcollege.ca)**

**I understand the Sault College Waterfront & Tennis Centre terms and conditions.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Sault College and the Sault Ste. Marie Tennis Association work together to promote and provide tennis to the community of Sault Ste. Marie. As a member of the Sault College Waterfront & Tennis Centre, you are also a member of the Sault Ste. Marie Tennis Association and the Ontario Tennis Association. As a result, your membership information is shared with the Sault Ste. Marie Tennis Association.

**Sault College Waterfront & Tennis Centre Physical Activity Waiver Form 2017**

I, the undersigned, do hereby acknowledge:

- My consent to participate in any physical activity at the Sault College Waterfront & Tennis Centre including but not limited to the use of the tennis courts;
- My understanding that there are potential risks associated with physical activity such as but not limited to: episodes of transient light headedness, fainting, abnormal blood pressure, musculoskeletal injuries, and I assume wilfully those risks;
- That I have read, understood and completed the Par Q+ forms;
- That I hereby release the College, its Board of Governors, Agents, Officers, and Employees from any liability with respect to any damage or injury (including death) that I may suffer during participation in physical activity at the Sault College Waterfront and Tennis Centre except where the damage or injury is caused by the gross or wilful negligence of the College, its Agents, Officers, Employees and Board of Governors acting within the scope of their duties;
- That I am subject to conduct myself in accordance with College policies, Student Rights and Responsibilities, and Harassment/Discrimination Policy;
- I understand that this registration will be shared with the Sault Ste. Marie Tennis Association;

I, the undersigned, have read and understood the physical activity waiver.

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Signature of Parent or Guardian for participants under 18 years of age

\_\_\_\_\_

Print

\_\_\_\_\_

Signature