

NEW MILFORD TENNIS AND SWIM CLUB MEMBERSHIP FORM/WAIVER

Last Name _____ First Name _____

Address (Street, City, State, Zip) _____

Billing Address (Street, City, State, Zip) _____

Email Address _____ Telephone _____

Email Address _____ Telephone _____

CREDIT CARD AUTHORIZATION: I hereby authorize New Milford Tennis & Swim Club to charge my credit card below any house charges incurred on my behalf or behalf of my family listed on the membership application at my verbal request. I understand that any charges outstanding 30 days or over will automatically be charged to my credit card.

Credit Card Number* (information must be on file) _____ Exp Date _____

Name on Card _____ CVC _____

MEMBERSHIP RATES: Please note there is a one time registration charge for new members; \$100 per family or \$50 per individual, which would be waived if dues are paid in full by May 1st.

TENNIS & SWIM

- Family Membership: \$1,950 per family
- Individual Membership: \$875 per person

*Family memberships include 2 adults and 2 children in the same household; additional children \$25 per child.
Pickleball is included in the tennis and/or swim memberships.*

TENNIS ONLY

- Family Tennis Only: \$1,550 per family
- Full Individual: \$800 per person
- Weekday Tennis: \$700 per person

SWIM ONLY

- Family Swim Only: \$1,500 per family
- Swim Individual: \$650 per person
- Children Under 13: can join if parent is member \$350
- Babysitter/mother's helper: \$325

PICKLE BALL & SOCIAL MEMBERSHIP

- Couple Membership \$375 per couple
- Individual Membership \$195 per person

TOTAL FEE DUE: _____ TOTAL FEE ENCLOSED: _____

Family Members	Relationship	Date of Birth	Parental Signature*

*I hereby give my permission for my child to swim in the pool without a parent or guardian. I affirm that my child is at least 11 years old and able to swim. Pool rules state that children under 11 are not permitted in the pool area when there is no lifeguard on duty unless they are accompanied by an adult.

SIGNATURE AND DATE REQUIRED: By signing below I represent that I have read the information on page 1 and 2 and will adhere accordingly. Having read the above release and disclaimer, and understanding its implications for ourselves, members of our family and guests, we (I) still wish to join New Milford Tennis & Swim Club

Signature of each NMTSC member 18 years of age or older required

Signature _____ Date _____ Signature _____ Date _____



NEW MILFORD TENNIS & SWIM CLUB MEMBERSHIP APPLICATION/WAIVER

We (I) understand that as members of the New Milford Tennis & Swim Club we(I) hereby remise, release and forever discharge New Milford Tennis & Swim Club, its employees, and agents and its heirs, executors, and administrators, of and from all, and all manner of, actions and causes of action, suits, claims and demands whatsoever in law or equity occurring out of the operation of, or in any manner relating to, New Milford Tennis & Swim Club where we are members or guests for both on premise activities and for activities which require travel. We (I) acknowledge that we (I) use the pool and tennis courts at our (my) own risk and we (I) understand that the New Milford Tennis & Swim Club shall have no responsibility or liability to us (me), our children or our guests in the event of a claim arising out of any lost or stolen property or arising out of injury which may occur on the premises.

My signature on page 1 also represents that I have read the reverse side of this form and do hereby grant permission to New Milford Tennis & Swim Club and its staff, including owners, to take whatever steps deemed necessary to administer or obtain emergency medical care for myself and/or for any child listed above for whom I am the parent or legal guardian. Expenses incurred in obtaining emergency medical care will be borne by me.

Photographs will be taken periodically at any given event. My signature below represents my permission for New Milford Tennis & Swim Club to use photographs of any or all aforementioned members for marketing and publicity purposes including website posting. I understand such photographs will be taken in good taste and will not exploit any of its members. In the event that any member wishes the picture to be removed from ongoing media, the member may request in writing that such picture be removed and New Milford Tennis & Swim Club will comply as expeditiously as possible. I also understand that unless a specific achievement is being mentioned, no names will accompany pictures. (This paragraph is optional. If you choose not to participate, please strike through the entire paragraph.)

"BUYER'S RIGHT TO CANCEL"

"If you wish to cancel this contract, you may cancel by mailing a written notice by certified or registered mail to the health club. The notice must say that you do not wish to be bound by this contract and must be delivered or mailed before midnight of the third business day after you sign this contract. After you cancel, the health club may request the return of all contracts, membership cards and other documents of evidence of membership. The notice must be delivered or mailed to: New Milford Tennis & Swim Club, 93 Aspetuck Ridge Road, New Milford CT 06776

You may also cancel this contract if you relocate your resident further than twenty-five miles from any health club operated by the seller or from any other substantially similar health club which would accept the obligation of the seller. This contract may also be canceled if you die, or if the health club ceases operation at the location where you entered into this contract. If you become disabled, you shall have the option of (1) being relieved of liability for payment on that portion of the term for which you are disabled or (2) extending the duration of the original contract at no cost to you for a period equal to the duration of the disability. You must prove such disability by a doctor's certificate, which certificate shall be enclosed with the written notice of disability sent to the health club. The health club may require that you be examined by another physician agreeable to you and the health club at its expense. If you cancel, the health club may keep or collect an amount equal to the fair market value of the services or use of facilities you have already received."

The membership application is deemed to be a contract between you and the New Milford Tennis and Swim Club. By executing this contract you agree to be bound by the membership rates for the applicable season and any charges that may be incurred by you, your family or your guests. Additionally, by executing this contract you agree that you are entering and using the facility at your own risk and that you are responsible to explain that to all members of your family and your guests.

New Milford Tennis & Swim Club reserves the right to cancel membership or refuse subsequent membership based upon the facility's dispute policy. A copy of the dispute policy can be obtained at the office at New Milford Tennis & Swim Club.

Gratuity is charged. Family and individual memberships are charged a small fee that gets dispersed amongst staff at end of season.

Federal and State Mandates will be followed for Covid rules.

MEDICAL EMERGENCY INFORMATION

Primary Emergency Contact Name _____ Phone _____

Alternate Emergency Contact Name _____ Phone _____

Our doctor is _____ Phone _____

If you or anyone in your family has a medical condition in which we must be aware, please list the name of the person and their condition. **ALLERGIES MUST BE LISTED!**

SIGNATURE

DATE