NEW MILFORD TENNIS & SWIM CLUB

2026 MEMBERSHIP FORM/WAIVER

Applicant Information:

Last Name _____ First Name _____

Address _____

Email Address _____ Telephone _____

Email Address _____ Telephone _____

2026 Membership Rates

Please note there is a one-time registration charge for new members of $200 per family or $100 per individual, which is waived if dues are paid by May 1st. Family memberships include 2 adults and 2 children in the same household. Additional children $50 per child.

Tennis, Swim & Pickleball

- ☐ Full Family Membership: $2,050 per family
- ☐ Individual Membership: $925 per person

Tennis Only

- ☐ Family Tennis: $1,650 per family
- ☐ Add Pickleball for Family: $100 per family
- ☐ Individual (full week): $850 per person
- ☐ Individual (weekdays only): $750 per person
- ☐ Add Pickleball for Individual $50 per person

Swim Only

- ☐ Family Swim: $1,600 per family
- ☐ Add Pickleball for Family: $100 per family
- ☐ Swim Individual: $700 per person
- ☐ Add Pickleball for Individual $50 per person
- ☐ Babysitter/mother's helper: $350

Pickleball/Social Memberships

- ☐ Couple Membership: $450 per couple
- ☐ Individual Membership: $250 per person

TOTAL FEE DUE: _____ **TOTAL FEE ENCLOSED:** _____

We need the attached credit card authorization form completed for any charges at the club.

Family Members	Relationship	Date of Birth	Parental Signature*

**I hereby give 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

Please return completed form via email: nmtsc@nmtsc.com

Or mail to: NEW MILFORD TENNIS & SWIM CLUB • PO Box 1316, New Milford, CT 06776 or email to: nmtsc@nmtsc.com

NEW MILFORD TENNIS & SWIM CLUB • 93 Aspetuck Ridge Rd, New Milford, CT 06776 • **Tel:** 860.354.7876 • **Web:** nmtsc.com

2026 NEW MILFORD TENNIS & SWIM CLUB MEMBERSHIP WAIVER

We (I) understand that as participants or parents of participants 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 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."

This 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 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 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.**

Emergency Information

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!**

Medical Information _____

_____

Primary Emergency Contact Name _____ Phone _____

Alternate Emergency Contact Name _____ Phone _____

Our doctor is _____ Phone _____

For additional questions please call our office.

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NEW MILFORD TENNIS & SWIM CLUB

CREDIT CARD AUTHORIZATION FORM

For charges at the club please fill out this credit card form.*
We will keep this information secure.

Applicant Information:

Last Name _____ First Name _____

Address _____

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.
Please note a small gratuity charge will be charged at the end of the season.

Credit Card Number _____ Exp Date _____ CVC _____

Name on Card _____

Billing Address _____

Signature _____ Date _____

***Credit Card must be on file.**

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