



## **Application for Membership**



SPOUSE:		*		*
FIRST	LAST	Phone	Email	RATING
CHILD 1:		*		*
FIRST	LAST	Phone	Email	RATING
CHILD 2:		*		*
FI *Use Back if you have	RST LAST additional children	Phone	Email	RATING

\*If applicable, please indicate NTRP Tennis Rating.

Please make checks payable to: Harbour Island Tennis (HITC)

I / We hereby desire to join Harbour Island Tennis Center and my/our physician says I/we are able to participate with no restrictions. By the execution of this release, I acknowledge and agree that all requirements, directions, supervision and standards set by the directors of this program shall be set for my/our benefit. I hereby voluntarily assume all risk of accident or injury to my self and/or my family, which may arise out of his/her participation in this program, and therefore release and hold harmless Harbour Island Tennis Centre, Harbour Vista, Inc, Turnbull Environmental, Inc and all personnel associated with this program and liability that may result from my/our participation. In addition, I give my permission for emergency medical treatment in the event that I cannot be reached.

Member Signature:

Emergency Phone:

Revised 1/1/2018 courts@harbourislandtennis.com www.harbourislandtennis.com



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UNITED STATES TENNIS ASSOCIATION