

EBONY RACQUET CLUB

Membership Club Application

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address (please print clearly): _____.

Best Phone: Home # _____ Work # _____, Cell # _____

ANNUAL MEMBERSHIP TYPE:

- Junior—Ages 6-14 (\$15) ** ... Birthday: __/__/__
- Student 15+ (\$20) ** Birthday: __/__/__ School: _____
- Adults (\$35)

Volunteer-n-Win (please check all that apply):

- 10 & Under
- Junior Training program
- Mini Boot Camps
- Coach/Trainer
- Committee (Marketing, Membership, Volunteer)

NTRP:

Play Level	Open 5.0+	4.5	3.5/4.0	3.0	2.5
Singles					

Waiver:

In conjunction with my participation in the club and related activities and events, I (we) agree to waive any and all rights and claims for bodily or emotional injury, injury to my reputation, or any other damage or harms that I might suffer, or any other claims of any nature I may have against Ebony Racquet Club, or any organization, facility, or individual associated with this club. I understand that I will be participating at my own risk and the above organization, facility, and individuals will not be responsible for any harm, injury, or damage, which I might suffer. I also waive any and all rights to claim from the Ebony Racquet Club, or individual damages or remuneration which may arise as a result of references to or photographs of me which may appear in any publication or other media and /or television coverage.

Guardian Signature (required for members 18 years and under) _____

Signature of Member _____

Emergency contact name: _____ Phone: _____,

Complete address (if different from address provided for member)

Send To: P.O. Box 25753 Raleigh, NC 27601

www.ebonyracquetclub.com