



TCR MEMBERSHIP APPLICATION

Member's Full Name _____ Birth Date _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-mail _____ NTRP Rating _____

Additional Adult Member _____ Birth Date _____

Home Phone # _____ Cell Phone # _____

E-mail _____ NTRP Rating _____

Children's names/birthdates (needed for family memberships only):

1) _____ DOB _____

2) _____ DOB _____

3) _____ DOB _____

4) _____ DOB _____

How did you hear about us? _____

Referral's Name: _____

Membership Category _____ Membership Fee \$ _____

Waiver & Release

Because physical exercise can be strenuous and subject to risk of serious injury, the club urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member or participant) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so entirely at your own risk. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries which may occur, as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction, training, supervision, or dietary recommendations and (d) your slipping and/or falling while in the club, or on the club premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the club, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring legal action against the club for personal injury or property damage.

Note: Should any part of this agreement is found by a court of law to be against public policy or in violation of any state statute or case precedence, then the remainder of this document will remain in full force.

Cancelation Policy

TCR Memberships auto-renew seasonally as a courtesy to TCR members. After the initial term, membership dues are subject to change at the discretion of the Tennis Club of Rochester.

Notice of membership cancellation must be given in writing via email or certified mail. Members will then receive an email confirmation of their written request within 48 hours to confirm the cancellation request has been received. Membership cancellations will be effective when TCR receives the written cancellation request (cancelations cannot be back dated).

Refunds will only be considered for the months following the written request. For example, a cancellation and refund request received on July 12th will be considered starting August 1st.

Equity summer members wishing to cancel their memberships can choose to either resign their equity status and cancel their membership (a \$250 individual/\$350 couple/family reinstatement fee would apply), or take a temporary leave of absence for medical and non-use reasons (a \$125 individual/\$250 couple/family leave of absence fee would apply).

Signature

By checking "Yes", you are applying your digital signature.

Yes, I agree:

Printed Name: _____ Date _____

Emergency Contact Information (Family, Friends, Neighbors):

1) Name _____ Phone _____

Relation _____

Primary Care Doctor:

1) Name _____ Phone _____

Preferred Hospital: _____

Allergies: 1) _____ 2) _____

TCR Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, elect to participate in racquet sports and other physical activities. Furthermore, I agree that I am in good health and proper physical condition to participate in racquet sports and other physical activities.
2. I understand that there are certain risks and hazards involved in participating in racquet sports and other physical activities that may result in injury or death to me or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants (including possible COVID exposure).
3. I understand that racquet sports and other physical activities are dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of racquet sports and other physical activities are hazardous and risky, including, but not limited to, the acts of running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the permission to play racquet sports and other physical sports:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing (b) while serving in a non-playing capacity during practice or play and (c) while on or upon the premises of any and all of the club property.
2. I hereby release, discharge, indemnify (including but not limited to reasonable attorneys' fees) and agree not to sue the Tennis Club of Rochester, Inc. or its owners, officers, agents, servants, associations, employees, or any person or entity connected with Tennis Club of Rochester, Inc. for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Player (Print) _____ Phone _____

Address _____

Signature of Player (if 18 years old) _____ Date _____

Parent/Guardian Waiver, Release of Liability and Indemnification Agreement

I, the undersigned parent or guardian of the above named minor, acknowledge, agree and understand that:

1. The above named minor is in good health and proper physical condition to participate in racquet sports and other physical activities.
2. There are certain risks and hazards involved in the above named minor participating in racquet sports and other physical activities that may result in injury or death to the minor or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants (including possible COVID exposure).
3. I hereby release, discharge, indemnify (including but not limited to reasonable attorneys' fees) and agree not to sue the Tennis Club of Rochester, Inc. or its owners, officers, agents, servants, associations, employees, or any person or entity connected with Tennis Club of Rochester, Inc. for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by the above named minor from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Parent or Guardian _____ Phone _____

Address _____

Signature of Parent or Guardian _____ Date _____



ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PROGRAM

Tennis Club of Rochester membership includes access to a house charge account to be used for service and Pro Shop purchases during the month. The Electronic Funds Transfer (EFT) system retains Credit Card or banking information that is processed at the end of each billing period to pay the balance on this account via Credit Card charge or Automated Clearing House (ACH) bank transfer.

AUTHORIZATION

Please complete the following form authorizing Tennis Club of Rochester located at 570 Kreag Road, Pittsford, NY 14534 to pay off the accumulated balance on your house charge account at the end of each billing period.

Account Holder Information

Name(s)

Account Holder Phone

Account Holder Address

City

ST

Zip

Please fill out information for authorization.

Authorization for Credit Card EFT

Print Name (As it appears on card)

Card Number

Card Expiration Date

CVV Code

Zip Code

Card Type:

Visa

Mastercard

Discover

Signature of Account Holder

Print Name

Date



Player Profile

Please fill this form in if you are interested in tennis or paddle matching services.

Date: _____

Referred by: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____

Additional Number: _____

Email Address: _____

Tennis Rating: _____

Paddle Level: _____

What are you interested in?

Tennis Paddle Competitive play Social Play Social Events

Meeting new people Leagues Tournaments Pickleball

Lessons Other: _____

What do you prefer?

Singles Doubles Mixed

What type of membership are you interested in?

Summer Tennis Winter Tennis Junior Tennis Intermediate

Paddle Tennis Social & Pool Fitness

When are you available to play? _____

Additional Comments/Questions: _____
