



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) _____



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: _____



ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PROGRAM AUTHORIZATION

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.

Please select one of the following options 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

Names (s)

Account Holder Phone

Account Holder Address

City

State

Zip

Please check the box next to **ONLY ONE** of the options below and fill out information for authorization.

Authorization for Checking/Savings Account (ACH)

Account Holder's Bank Names

Branch City

State

Zip

Bank Routing Number (9 Digits)

Bank Account Number

Account Type: Business Checking

Personal Checking

Savings



Recurring
ACH Type

Monthly
Frequency

Open Ended
Number of Payments

Variable

Amount per Payment

How to find your Routing and Account Numbers on a Check

I hereby authorize the Tennis Club of Rochester to Debit the Bank Account referenced herein, via the Automated Clearing House (ACH) system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Authorization for Credit Card EFT

Print Name (as it appears on your card)

Credit Card Number

Card Expiration Date

Card Type: Visa Master Card Discover

Authorization

Signature of Account Holder

Print Name of Account Holder

Date