



JUNIOR SUMMER MEMBERSHIP APPLICATION

Junior #1 First Name:	Surname:	
Junior #2 First Name:	Surname:	
Junior #3 First Name:	Surname:	
Address:	City:	Postal Code:
Telephone Number(s):	Email Address(es):	

Junior Membership Details and Fees:

- Junior membership (under 18 years as of January of current year)
- Restricted hours of play: 7:00 a.m. – 5:30 p.m. Mon - Fri, 1:00 p.m. -9 p.m. Sat/Sun (may play anytime when playing with an adult member)
- Junior membership fees are **\$50.00** per junior
- All contact and league signups will be done by email.
- Each Junior member must sign the waiver, below - along with a signature of the Parent /Guardian

Completed forms and cheques/money orders (no cash accepted) should be mailed to:

**Aldershot Tennis Club – Membership
Maplehurst P.O. Box 71112,
Burlington, ON L7T 4J8**

Waiver: I _____ (print) apply my child/children for membership at The Aldershot Tennis Club (ATC). During the tenure of the membership we agree that we will abide by the Rules, Regulations and Club Policies. The Directors, Staff, volunteers and their families, heirs and successors of the ATC are indemnified and saved harmless from the costs of any injury or loss of personal property sustained by any members, guest or family members thereof while on the premises or using the facilities of the ATC, however such injury or loss is caused. I acknowledge that junior(s) use the facilities at their own risk.

Junior #1: _____ **Junior #2** _____ **Junior #3 :** _____

Signature of Parent/Guardian: _____

Date: _____