Charlottetown Tennis Club 2018 Membership

Name: (First)__________________________________ (Last) ____

Child Name (Junior membership only)____

Street Name: ____

City:____ Code:____

Date of Birth: _____ / ____ / _____ Male __ Female __

year month day

Phone Number:____

Email Address:____

Allergies or Medical Problems: Yes ____ No ____

If yes, explain: ____

Emergency Contact:__________________________Phone Number:____________________________________

Waiver, Release & Protection of Privacy Act

In consideration of your accepting this registration, I hereby, for myself, my heirs, executors, administrators and assignor, waive and release any and all rights and claims for any damages I may have against Tennis PEI, Charlottetown Tennis Club and any other organizations concerned, their agents, officers of members, for any and all injuries suffered by me. In my absence, I hereby authorize a CTC or Tennis PEI official, to secure medical advice and/or services, as may be deemed necessary for the health and safety of myself, or my son or daughter.

Collected information from club/provincial registration will be used for registration purposes, tournament activities, team participation, pre-tournament registration, results (media), and club/provincial records. All information collected from or pertaining to the player will be used in the standard operating procedures of the Association and unless noted below, the information will be used as per operations.

I hereby consent to the collection and use of information (as outlined above)

Applicant Signature:_____________________________ Date:____

Charlottetown Tennis Club Membership is $75.00 (Adult), $25 (Junior) and
$170 Family (couple + 1 or more children) for the season.
Membership also includes Tennis PEI membership which includes insurance.

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OFFICE USE ONLY

Collected by: _________________________________ Date:____