



2019 Membership Application
www.amberleatennis.ca

Name: _____ Telephone: _____
 Address: _____ Postal Code: _____
 Email: _____ Repeat email: _____

MEMBERSHIP INFORMATION: New () Returning ()
 Family () Adult () Junior ()
 Skill Level: B () C () Int. () Beg. ()

Last Name, First Name	Tues AM Ladies League (√)	Tues PM House League (√)	Thurs AM 50+ Drop In Free (√)	Durham Region Tennis League		Free Singles Ladder (√)
				B Mon PM (√)	C Wed PM (√)	
1.						
2.						
NOTE: family membership (max 2 adults) Adult =18 years and older						

JUNIOR 17 YEARS AND UNDER	
Last Name, First Name	Date of Birth (month + year)
1.	
2.	
3.	
4.	

The undersigned hereby releases and forever discharges Amberlea Tennis Club, its membership, executive officers, instructors and the City of Pickering from any and all actions, causes of actions, claims and demands, for damages, loss and/or injury, howsoever arising, whether the result of bodily injuries, illness, or death to person, or loss or damage to personal property which heretofore may have been or may hereafter be sustained by the undersigned as a consequence of direct or indirect participation in or at any tennis related activity and consequences thereof. I have read and understood the above release/disclaimer.

Signed: _____

Date : _____

Name: _____

HOW TO REGISTER YOUR COMPLETED APPLICATION WITH PAYMENT
(Cheques made payable to "Amberlea Tennis Club")

In Person: Saturday, March 2nd from 11am to 12:30 pm, Meeting Room 4, Upstairs at the Pickering Recreation Complex, Valley Farm Road.

After March 26: Drop off at 1831 Fairport Road, Pickering, or call 905-839-1571.

Alternate Drop: 1817 Eastbank, Pickering. Please call Rosie at 905-839-5397 before dropping off your completed application.

Please note: Participation in any of the club programs or activities requires a membership fee.

FEE STRUCTURE			
Fee Items	Qty.	Amount (\$)	Total (\$)
Family membership (max 2 adults)		55.00	
Adult Membership		30.00	
Junior Membership		20.00	
*Tuesday AM Ladies League		*	
Tuesday PM House League		10.00	
*Durham B Monday PM		*	
*Durham C Wednesday PM		*	

*League Fee payment will be collected after Team Selection is finalized.

****no refunds****

Total Amount: _____ paid by Cash () Cheque () Cheque # _____

Payment Received By: _____ Date: _____

AMBERLEA TENNIS CLUB
IS A NON-PROFIT ORGANIZATION RUN BY VOLUNTEERS

YOUR HELP IS NEEDED
PLEASE VOLUNTEER