MEMBERSHIP APPLICATION

Return Application and Payment to: **Avalon Inn Tennis Center, 9519 East Market Street, Warren, OH 44484**

Name(s)_____

Children & Birthdates_____

Billing Address_____

City_____State_____Zip_____Email_____

Phone (H)_____(W)_____(C)_____

Membership Type (Circle One): Family Individual Junior

Amount Received $_____ Payment (Circle One): Cash Check #_____

Credit Card (Circle One): Master Card Visa Discover

Place credit card number in the above blanks

_____ _____

Signature Card Expiration Mo/Yr

Received By_____ Date_____

Participation Information Response: (please circle if interested)

***Lessons:** Interested in Child/Junior Adult

***Clinics:** Interested in Child/Junior Adult

***Leagues:** Interested in Men's Women's Child/Junior

Liability Release Form and Agreement Statement: (No membership will be accepted without signature)

The Applicant and/or Parent of an Applicant acknowledge receipt of the policies and fee structure of the center, understand them and agree to comply with them. The Applicant and/or Parent of an Applicant acknowledges that the use of the facilities of the center is at his sole risk and knowingly and freely assumes all such risk, both known and unknown, even if arising from the negligence of the center. The Applicant understands that acceptance of membership is without assumption of responsibility of Avalon Inn Resort and Conference Center and/or Avalon Inn Tennis Center. The Applicant recognizes that such voluntary participation may result in injuries. Therefore, the Applicant agrees to release Avalon Inn Resort and Conference Center and/or Avalon Inn Tennis Center, its employees, agents, and staff from liability associated with damages, losses or injuries incurred while participating in on-court activities.

Signature_____Date_____

(*Parent must sign application for Junior Member under 18 yrs. old)