

JUNIOR FULL-YEAR MEMBERSHIP

Name(s)

Address:	City:	Postal Code:
Phone number:	Email:	
☐ Do Not Send Message	es Regarding Club Activities (check-off only	rifthat is your choice)
Note that	at all contact and league signups wi	II be done by email
Important: Each Junior me	mber must sign the waiver along with	a signature of the Parent / Guardian
Booking Procedures, Club Policie families, heirs and successors of t property sustained by any member	(print) apply to en uring the tenure of the membership we agree that s, Code of Conduct and Anti-Harassment policy he ATC are indemnified and saved harmless from the agree of the sed. I acknowledge that junior(s) use the facility	y. The Directors, Staff, volunteers and their om the costs of any injury or loss of personal e premises or using the facilities of the ATC,
Junior #1:	Junior #2:	Junior #3:
Signature of Parent/Guard	ian: C	Date:

Junior Membership Details and Fees

Junior full-year 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 a registered adult member) \$250.00 (HST Included)

Saturday Match Play

Match Play Ability is a Requirement.

Organized competition and instruction every Saturday 4:00-5:30 p.m. and 5:30-7:00 p.m.

through the Fall/Winter season (except holidays and tournament weekends).

\$150.00 (HST Included)

Payment Details

Payment by cheque (can be post-dated to Oct 1^{st}) or money order (cash **not** accepted) Debit payments can be made at the clubhouse when board members are present. Drop in dates will be set-up to allow members to come to the clubhouse to pay by debit. Completed forms and cheques/money orders are to be mailed to

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

(For more information contact Membership Director: member@aldershottennis.ca)