

## 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	s(es):		
<ul> <li>playing with an adult member)</li> <li>Junior membership fees are \$50.00 per juni</li> <li>All contact and league signups will be done to Each Junior member must sign the waiver, be</li> </ul>	.m. Mon - Fri, 1:00 p for by email. pelow - along with a	p.m9 p.m. Sat/Sun (may play anytime when		
Completed forms and cheques/money orders (no cash accepted) should be mailed to:				
Aldershot Tennis Club – Membership				

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

Waiver: I	er: I(print) apply my child/children for membership at The Aldershot Tennis Club (ATC)				
		regulations, booking procedures, club policies, Code plunteers and their families, heirs and successors of the			
indemnified and saved harm	less from the costs of any injury or loss of persona	l property sustained by any members, guest or family	members thereof		
while on the premises or using own risk.	ng the facilities of the ATC, however such injury of	r loss is caused. I acknowledge that junior(s) use the	facilities at their		
Junior #1:	Junior#2	Junior#3 :	<u>.</u>		
Signature of Parent/Gu	uardian:	Date:			