



Guildwood Tennis Club

2020 MEMBERSHIP APPLICATION

(M/F = Male or Female)

(A/Sr/Jr/St) = Adult or Senior or Junior or Student

Mr. Mrs. Miss. Ms.	Last Name	First Name	M/F	A/Sr Jr/St	Birth Date if junior or Student	Amount
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total						_____

Check if applying for a **FAMILY** Membership _____

Go Paperless _____

Address _____ **Apt.** _____

City _____ **Postal Code** _____ **Phone** _____

Email address (optional) _____

By email we are able to issue updates between newsletters and contact members regarding upcoming events. We will not publish your email information on the membership list, website, nor give it to anyone else.

Membership Fees: Fees have been discounted 20% due to the late season start

	original	discounted	
Adult	\$75	\$60	19 years and over on January 1, 2020
Student	\$40	\$32	up to 22 years old on January 1, 2020 (Copy of student ID required)
Junior	\$20	\$16	18 years and younger on January 1, 2020
Family	\$170	\$136	Includes 2 adults in one family (same address) & children <u>under</u> 19
Senior	\$60	\$48	65 years and over on January 1, 2020

Please see **Delivery and Payment Options** after the Waiver below.

WAIVER



Agreement to be signed by those 18 years of age or older who are members or guests of Guildwood Tennis Club

GUILDWOOD TENNIS CLUB COVID-19 AGREEMENT AND RELEASE OF LIABILITY/ASSUMPTION OF RISK

In order to help mitigate the risk of COVID-19 transmission at the Guildwood Tennis Club, (GTC), **I/We Confirm that I/We have reviewed the GTC COVID-19 Policy** ("Policy") and supporting instruments, which have been made available to me/us via the GTC website, <http://www.guildwoodtennis.com/>, and that **I/We will abide by** the relevant procedures applicable to me as set forth in the Policy and supporting instruments.

Release of Liability/Assumption of Risk

In consideration of being allowed to play at and participate in GTC activities and events, I/We:

1. Acknowledge and agree that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While adherence to particular rules may reduce this exposure, the risk of serious illness and death does exist; and,
2. **Knowingly and freely assume all such risk**, both known and unknown, **even if arising from the negligence of the Releasees**, as defined below in paragraph 4, and assume full responsibility for my/our participation; and,
3. Willingly agree to comply with the stated terms, conditions and Policy for participation as regards protection against infectious diseases. If, however, I/We observe any unusual or significant hazard during my presence or participation, I/We will remove myself/ourselves from participation and bring such to the attention of the nearest official immediately; and,
4. On behalf of my/our heirs, assigns, personal representatives and next of kin, **hereby release and hold harmless** GTC, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event collectively (the "RELEASEES"), **with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of Releasees or otherwise**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Waiver must be signed by all adults on this application.

Name: _____ **Signature:** _____

Date: _____

Name: _____ **Signature:** _____

Date: _____

Name: _____ **Signature:** _____

Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the RELEASEES and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the RELEASEES for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, **even if arising from their negligence**, to the fullest extent provided by law.

Name(s) of Participant(s): _____

Name of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____

-----End Waiver-----

Delivery Options

1. Mail/deliver to **16 Catalina Drive, Scarborough, M1M 1K6**
2. Scan or take a picture of the completed Application and Waiver and email to treasurer.guildwoodtennis@gmail.com
3. Bring the completed Application and Waiver to the courts between 9:00AM and 9:00PM anytime between June 2nd to June 16th. There will be a member of the executive there.

Payment Options

1. Make check payable to **Guildwood Tennis Club** and deliver / Mail to the address above.
2. See our web site www.guildwoodtennis.com for how to use e-money transfer – a great option
3. Bring Check / Cash to the courts between June 2nd and June 16th.