

# LINDENLEA TENNIS MEMBERSHIP REGISTRATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth (if child): (M/D/Y) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## **Lindenlea Tennis Club Membership**

FAMILY MEMBERSHIP	\$150.00
ADULT MEMBERSHIP	\$100.00
JUNIOR MEMBERSHIP	\$ 50.00

For Family Memberships, please provide the name and date of birth (if child), of all members of the membership.

Name: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_\_

Waiver: I agree to waive any claims on the Lindenlea Community Association or any of its agents or on the City of Ottawa or any of its agents in the event of an injury that may be sustained by me or my child attending or participating in any event or activity.

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Signature of Participant, Parent or Guardian

Date