

New Members Form

First Name	<input type="text"/>	Home Phone	<input type="text"/>
Last Name	<input type="text"/>	Work Phone	<input type="text"/>
Address	<input type="text"/>	Mobile Phone	<input type="text"/>
City	<input type="text"/>	Email Address	<input type="text"/>
State	<input type="text"/>	Birthdate	<input type="text"/>
ZipCode	<input type="text"/>	Membership Type	<input type="text"/>
		USTARating	<input type="text"/>

For Family Memberships:

Spouse Name: _____ DOB: _____ Team/Program: _____

Child #1Name: _____ DOB: _____ Team/Program: _____

Child #2 Name: _____ DOB: _____ Team/Program: _____

Child #3 Name: _____ DOB: _____ Team/Program: _____

Northeast Tennis Center Disclaimer/Waiver/Consent for Treatment

I understand that neither Northeast Tennis Center, nor anyone associated with the Center, is responsible for accidents or medical/dental expenses incurred as a result of participation in any Northeast Tennis Center program. The applicant is in good health and is able to participate in the activities of the program.

INSURANCE COVERAGE: It is hereby understood and agreed that any accident or sickness claim will be covered by the member's/parent's/guardian's insurance.

CONSENT FOR EMERGENCY TREATMENT: I understand that should an accident, illness or medical emergency occur, I will be notified. In the event I cannot be reached, I authorize any medical/surgical treatment, xrays, exams, etc. deemed necessary by a licensed medical physician.

Signature of Member/Parent/Guardian: _____

Date: _____

OFFICE USE:

Amount Paid: _____

Date Paid: _____ Expiration Date: _____