



# Four Seasons Racquet Club Year-Round Membership

(Rates effective May 1st, 2024)

Circle One:	Annual Full Rate	Annual Auto Pay	PIF 5% discount
Individual Adult	\$ 3813	\$334	\$3622
Additional Adult*	\$ 3622	\$317	\$3441
Juniors (with Adult)*	\$590	\$52	\$561

Name of each adult & junior applying for membership:

### Membership Fees

Full Rate

Monthly Auto Pay

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sub Total

5% pay in full discount \_\_\_\_\_

Final Total \_\_\_\_\_

Address \_\_\_\_\_ DOB (month only) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Referred by \_\_\_\_\_

Members have the option of receiving house charging privileges. To do so, a current credit card must be placed on file and that card will be charged on the 5<sup>th</sup> of each month for fees incurred during the previous month. Otherwise, payment is expected at the time of the activity. **Payment options & guidelines:** I understand that I am responsible for the full term of the membership and that memberships are not refundable or assignable.

( ) I agree to pay in full by credit card or check and receive a \*\* 5% discount, Please make checks payable to Four Seasons Racquet Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

( ) I authorize FSRC to automatically charge my credit card in monthly amounts of \$ \_\_\_\_\_ over 11 months (after an initial payment made at time of registration) for a total of (membership rate + 5% processing fee) \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

( ) I am electing to open a FSRC house account and authorize FSRC to **AUTOMATICALLY CHARGE** the above credit card on a monthly basis for activities billed to my FSRC Member account.

**Waiver of Liability and Assumption of Risk:** This waiver is a complete release of any responsibilities for injuries or damages sustained whether or not the member, guest or child was engaged in the pool or any other activity at the time of the injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* In the same family and at the same address.

\*\* 5% discount applies only to full term memberships and must be paid in full at time of registration.

\*\*\* Please be advised that in the event the club is again forced to close, we cannot guarantee that memberships will be extended, however, we will make every effort to do so.