



Lagoon City Racquet Club 2024 Guest Membership Form



Guest Member Name: _____ Date: _____, 2024

Address: _____

Mailing Address (if different then above): _____

Email Address (print clearly): _____

Telephone: _____ Pickleball Tennis Both

Guest Membership Fees:

Option 1: Players are guests of current member who will accompany them for their on-court playtime.

Adults: \$10.00 per or \$15.00 per three consecutive play days. Youth under 12 yrs free.

Option 2: Players are residing temporarily as guests of local residents who assume responsibility for the guest member for the duration of a specified 30 day guest membership. Hosts may be non-LCRC members.

Family: \$50.00 Single: \$35.00 Membership date: _____, 2024 - _____, 2024

LCRC Member Host: I agree to be present and responsible for ensuring my guest's adherence to our LCRC 2024 Rules of Play.

Print Name

Signature

Non LCRC Member Host: I agree to be responsible for ensuring my guest's adherence to the LCRC 2024 Rules of Play.

Print Name

Signature

Address: _____

Phone: _____ Email: _____

Please make cheques payable to: **Lagoon City Raquet Club** \$ _____ Cheque #: _____

Please send etransfer to: lcreplayballs@gmail.com etransfer: \$ _____ Cash: \$ _____

Terms of Play

The Lagoon City Racquet Club is self-sustaining, member operated and is administered on a strictly volunteer basis by its member elected officers and directors with the permission of the court facility owner. As such, with the generous help of our member volunteers, and funding from our membership fees, we continue to be vigilant in our efforts to serve our community by maintaining a safe and welcoming environment for all who wish to participate in tennis & pickleball. There are two courts available for play by all LCRC members and are lined for both sports. Designated play times are listed on the Rules of Play, page 2 attached.

PLEASE READ & SIGN (One membership form per person)

I acknowledge that I have read and agree to adhere to the LCRC 2024 Rules of Play as set out on page 2 of this LCRC membership form. By the acceptance of the membership, I hereby agree for myself, my heirs, executors and administrators to waive and release the Lagoon City Raquet Club (LCRC) of all rights and claims for damages or injuries by negligence, default, or misconduct.

Print

Signature

Date

You have my permission to show my name & contact information on the 2024 List of Members & interclub informational mailings and newsletters. Please initial one: Yes _____ No _____