Lagoon City Racquet Club 2024 Membership Form			
Name:	Date:		_, 2024
Address:			
Mailing Address (if different then above):			
Email Address (print clearly):			
Telephone 1: / /	Telephone 2:	/	/
Membership Fees:			_
Adult: \$100.00 per person	Paid by: Cash	Cheque #	etransfer
Youth : \$40.00 per person (16 yrs & under)	Paid by: Cash	Cheque #	etransfer

Guests: See attached form.

Please make cheques payable to: Lagoon City Raquet Club Please send etransfer to: <u>lcrcplayballs@gmail.com</u>

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.
 Date

 Please initial one:
 Yes ______ No _____

PREFERRED COURT PLAY

Tennis

Pickleball

Both