

## Adult Member Name

## Level of Play

1. \_\_\_\_\_
2. \_\_\_\_\_

## Junior Member Name

## Age

## Level of Play

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Address

\_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## How To Register

- 1) Complete the form and email to [bctapayment@gmail.com](mailto:bctapayment@gmail.com)
- 2) Pay by Interac e-transfer to [bctapayment@gmail.com](mailto:bctapayment@gmail.com) (direct deposit).

OR

Mail completed form and cheque to **Belfountain Community Tennis Association**  
c/o Barbara McIntyre, Treasurer - 56 Caledon Mountain Drive, Belfountain, ON L7K 0G1

Any questions: Call Barbara at 416-627-1835 or email [mcintyreba@outlook.com](mailto:mcintyreba@outlook.com)

**Lessons- For more information, click here**

We are resurfacing in 2023 and need your help! Please consider a donation option below:

We are partnering with the  
Town of Caledon and our  
goal is \$10,000!

Friend of the Club	\$50	_____
Court Resurfacing	\$100	_____
Court Resurfacing	\$250	_____
Court Resurfacing	\$Other	_____

## Fees

Family	\$175	
Individual Adult	\$120	
Individual Junior/Student (up to 25 yrs)	\$50	
6 Pre Paid Guest Passes	\$60	
	<b>TOTAL</b>	<b>\$</b>

Email completed form to [bctapayment@gmail.com](mailto:bctapayment@gmail.com)

## Informed Consent



IN CONSIDERATION OF Belfountain Community Tennis Association ("the Club") accepting my application and, if applicable, my family's application to be a member --- ON BEHALF OF MYSELF AND ANY OTHER REGISTERED FAMILY MEMBERS AGREE to abide by the following regulations and guidelines of membership in the Club.

1. I acknowledge that it is the responsibility of myself and each member of my family to contribute to the safety of the Club premises and I and each member of my family will check the court, the clubhouse, the deck and the portalet for hazards prior to play. I and each member of my family will remove the hazardous material to a waste receptacle. I and each member of my family will notify a member of the Club executive if I or each member of my family observe a more serious hazard.
2. I and each member of my family will report any concerns regarding abuse and harassment of children to the appropriate Children's Aid Society and/or to a member of the Club executive.
3. I or a member of my family will accompany my or my family's guests to the Club premises and ensure that these guests comply with the Club's regulations.
4. I and each member of my family will not reproduce or distribute any key to the Club's premises and I and each member of my family will not divulge the security code to any person.
5. I and each member of my family will return the Club key to a member of the Club executive when I and each member of my family are no longer a member.
6. I and each member of my family will abide by the Club's regulations against discrimination on the basis of culture, race, socio-economic status, gender, age or ability as defined by the *Ontario Human Rights Code*.
7. I and each member of my family will ensure that the children in my family are accompanied by a parent or another adult at the Club.
8. I and each member of my family acknowledge that the Club has the right, to be exercised at its discretion, to refuse a membership application and to cancel a membership where the Club's executive has become aware that a member is consistently or repeatedly not complying with the Club's regulations and/or is engaging in inappropriate behaviour.

### Consent, Release, Waiver, Indemnification and Medical Authorization

I and each member of my family recognize the risk of injury or potential health risk may be involved in our participation in this Club. I and each member of my family willingly assume such risk for myself and my family members. I and each member of my family consent to the administration of any emergency medical treatment administered or arranged by the Club and agree to be responsible for any and all costs associated with this treatment.

In consideration of the Club accepting my membership I, for myself and each member of my family, hereby RELEASE, DISCHARGE, INDEMNIFY AND SAVE HARMLESS the Club, and those in law it is responsible for, of and from any and all claims or demands, whatsoever and howsoever caused arising or to arise from injury to or the death of myself or any member of my family by reason of my/our participation in the Club, its programs and activities including traveling to and from any of these programs or activities or by reason of the provision of medical care to me and/or each member of my family.

I, on behalf of myself and each member of my family, have carefully read and understood the Membership Application Guidelines, and the Informed Consent, Release, Waiver, Indemnity, Consent and Authorization Agreement and agree on behalf of myself and each member of my family to accept, abide and be bound by all of the above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_