



# Application for Membership

## The Courtyard Tennis and Swim Club

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Profession and/or Company: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Profession and/or Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Member's E-mail: \_\_\_\_\_ Spouse's E-mail \_\_\_\_\_

Dependents: 18 and under (21 if in school and unmarried)

1. \_\_\_\_\_ DOB: \_\_\_\_\_ 3. \_\_\_\_\_ DOB: \_\_\_\_\_

2. \_\_\_\_\_ DOB: \_\_\_\_\_ 4. \_\_\_\_\_ DOB: \_\_\_\_\_

Type of Membership (Check One)	<input type="checkbox"/> Full (all club facilities)	<input type="checkbox"/> Club (All facilities except tennis)
Membership Category (Check One)	<input type="checkbox"/> Family (Spouse & Dependents)	<input type="checkbox"/> Single (No Spouse)
Check if Applicable	Special <input type="checkbox"/>	Term <input type="checkbox"/> Senior (60 and over) <input type="checkbox"/> Second Club <input type="checkbox"/>

### Agreement:

- I (we) understand and agree that this membership does not grant any rights of ownership of Club property or assets and does not impose any liabilities other than payment of fees, dues and charges incurred by me (us), my (our) family or my (our) guests.
- I (we) agree to conform to Club Rules (a copy of which has been furnished to me (us), and understand that the rules may change from time to time, along with dues and other charges, at the sole discretion of Club Management. I (we) understand that failure to abide by the rules or pay dues and charges promptly may result in suspension and/or forfeiture of this membership and deposit.
- I (we) understand that failure to pay accounts promptly may result in the assessment of interest charges on the unpaid balance and late fees in accordance with Club policy. If the account is referred to a collection agency, or if legal action is required for collection I (we) agree to pay court costs and all associated legal and collection fees.
- I (we) have read and signed the attached "Waiver of Claims, Release of Liability and Assumption of Risk" form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Club Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Member Number Assigned: \_\_\_\_\_



**The Courtyard Tennis and Swim Club**

"Where the Players Are"

## **New Member Biography**

**Please fill out completely**

Name: \_\_\_\_\_ How Long in Austin Area \_\_\_\_\_

Hometown \_\_\_\_\_ Moved From \_\_\_\_\_

Hobbies Besides Tennis \_\_\_\_\_

Tennis Background – include NTRP level, how long you have played, etc.

NTRP Rating \_\_\_\_\_ Yrs Played \_\_\_\_\_ Experience \_\_\_\_\_

Can play: Weekends am\_\_ pm\_\_ ; Weekdays am\_\_ pm\_\_ ; Singles \_\_ Doubles \_\_ Mixed \_\_

Profession & Company \_\_\_\_\_

E-mail address \_\_\_\_\_

## **Spouse's Information**

Name: \_\_\_\_\_

Hometown \_\_\_\_\_

Hobbies Besides Tennis \_\_\_\_\_

Tennis background – include NTRP level, how long you have played, etc.

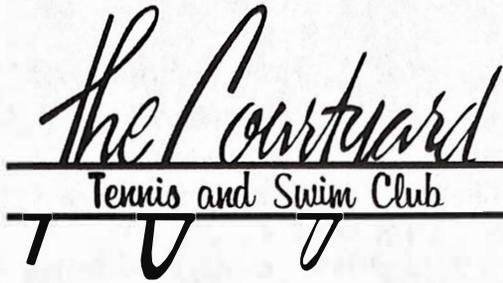
NTRP Rating \_\_\_\_\_ Yrs. Played \_\_\_\_\_ Experience \_\_\_\_\_

Can play: Weekends am\_\_ pm\_\_ ; Weekdays am\_\_ pm\_\_ ; Singles \_\_ Doubles \_\_ Mixed \_\_

Profession & Company \_\_\_\_\_

E-mail address \_\_\_\_\_

How did you learn about the Courtyard? \_\_\_\_\_



### New Member Credit Limit

1. I (we) understand that this tennis/club membership may not be sold or transferred
2. I (we) understand that as a new member of Courtyard I am extended a credit limit of \$2,000. At any time if my total balance does reach \$2,000 my credit card on file will be automatically charged, regardless of where the billing cycle might be. This credit limit is in effect for the first 12 months of active membership.
3. I (we) agree to pay all charges and fees within the 30-day billing cycle. If the charges are not paid by the next billing cycle, I authorize Courtyard Tennis Club to charge the following credit card the amount due at that time plus a \$3.00 fee.
4. I (we) understand that the 2 months dues deposit is refundable only if I (we) stay a member in good standing for 12 consecutive months.
5. Please auto charge my credit card each month. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

CC# \_\_\_\_\_

Exp. Date \_\_\_\_\_

V Code \_\_\_\_\_



The Courtyard Tennis and Swim Club

**Waiver of Claims, Release of Liability  
and Assumption of Risk.**

1. I hereby waive, release and forever discharge the Club, its owners, agents, representatives, employees, executors and all others (released parties) from any and all responsibilities or liability for death, injury or damages to myself and all applicants named on this membership, our guests or our property resulting from our participation in any activity at the Club in consideration for being allowed to participate in the activities and programs of the Courtyard Tennis and Swim Club (CYTC) and to use its facilities, equipment and machinery, in addition to the payment of any fees or charges .
2. I understand and am aware that tennis, swimming, strength, flexibility and aerobic exercise, including use of equipment, is potentially hazardous and understand that such activities involve a risk of injury and even death and that I/we am/are voluntarily participating in these activities and using facilities, equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
3. I do hereby further declare myself and all applicants named to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my/our participation in any of the activities and programs of the Club or use of facilities, equipment and machinery except as hereinafter stated. I do hereby acknowledge that I/we have been informed of the need for a physician's approval for my/our participation in the activities of the club and the use of its facilities, equipment and machinery. I also acknowledge that I/we should regularly receive a physical examination from a doctor (at least yearly) and that I/we should follow the doctor's advice regarding my/our use of club facilities, equipment, machinery and participation in CYTC activities.
4. CYTC is not responsible and can not be held liable for stolen, misplaced or damaged personal property of mine/ours or my/our guests.
5. I understand and agree that all minors under the age of 13 will have adult accompaniment at the pool at all times and a minor cannot be responsible for another minor at anytime.
6. I understand that in consideration of being allowed to participate in any and all activities and programs at CYTC, I hereby acknowledge that any photos, names, digital media and any articles including such photos and names of myself and all applicants, and my/our guests may be used.

This waiver will be considered applicable and in force on all persons named in this application for membership and their guests and my signature below constitutes a full and complete waiver of claims and release of liability for the club and released parties and a full assumption of risk by me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_