

Membership Form Lamont Creek Tennis Club Adult Tennis

DATE: _____

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ DATE OF BIRTH: _____ (optional)

E-MAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

PHONE#: _____

We the undersigned do release the LAMONT CREEK TENNIS CLUB, its directors and members from all claims actions, cause of actions, damages and demands for loss or injury resulting directly from participation in the program.

This includes all costs, damages and expenses incurred in defending any such claims or actions.

SIGNATURE: _____

DATE: _____

Lamont Creek Tennis Club
President: Lindsay Brannen 429-7756

LAMONT CREEK TENNIS CLUB
PERSONAL INFORMATION PRIVACY

The Lamont Creek Tennis Club agrees not to distribute personal information collected through our registration process. The Lamont Creek Tennis Club is a member of the Ontario Tennis Association (OTA) and as such the name and address of each member is registered with them. We do publish documents for Club Members and Web site use. Please indicate by circling one of each below, if you accept or decline to have information published in this manner. If you do not choose one you are assumed to have declined.

For Members Only, a printed Membership Directory and phone list.

Name only.	ACCEPT / DECLINE
Name and phone number.	ACCEPT / DECLINE

INTERNET:

Web Site Members Only Area

Team Lists and Schedules

Name Only (House League, Ladder, Etc.)	ACCEPT / DECLINE
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Photos and Names

Photo Gallery (Court Activities)	ACCEPT / DECLINE
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Photo Gallery (Social Activities)	ACCEPT / DECLINE
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Web Site Public Area

Photos – Photo Gallery (Court Activities)	ACCEPT / DECLINE
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Photos – Photo Gallery (Social Activities)	ACCEPT / DECLINE
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NAME : _____(please print)

SIGNATURE : _____

DATE : _____