

LUNENBURG TENNIS CLUB 2026 MEMBERSHIP

P.O. Box 242, Lunenburg, NS, B0J 2C0

(Club use only) Total paid: By cheque: _____ Date: _____
By cash _____ Approved by: _____
e-transfer to lunenburgtennisclub@eastlink.ca _____

Please complete both pages. We have maintained our low membership fees, but would appreciate any additional donation you might consider, to help cover the rising costs of club programs and maintenance.

FAMILY MEMBERSHIP

Please complete all relevant sections below for all participating family members – including parents, students, and children participating in the youth program.

FEE FOR ENTIRE FAMILY: \$200 **Donation:** _____ **Total:** _____

ADULT MEMBER(S) (please include names of participating parent(s) if family membership, and names of both partners if couple membership)

Name: _____ Birth year: _____

Name: _____ Birth year: _____

Mailing Address: _____ Please check one. Resident of:

Phone Number : _____ e-mail address: _____ Town of Lunenburg MODL Other

ADULT FEES (IF NOT PART OF FAMILY MEMBERSHIP)

Adult 19–59: \$80 **Donation:** _____ **Total:** _____

Adult 60 plus: \$70 **Donation:** _____ **Total:** _____

Adult Couple: \$135 **Donation:** _____ **Total:** _____

Associate Member: (please name your home club) **\$30** _____ **Donation:** _____ **Total:** _____

YOUTH/CHILDREN (includes lessons) (SEE NEXT PAGE FOR STUDENTS AGE 16 PLUS)

Name: _____ Birth date: _____ Health card # _____

Name: _____ Birth date: _____ Health card # _____

Name: _____ Birth date: _____ Health card # _____

Name: _____ Birth date: _____ Health card # _____

FEES (IF NOT PART OF FAMILY MEMBERSHIP):

One youth \$70 **Two/\$140** **Three/\$180** **Four or more: \$200** **Total:** _____

Parents'/Guardians' Names _____

Mailing Address _____ Phone Number _____

e-mail address _____ Please check one. Resident of: Town of Lunenburg MODL Other

Doctor _____ Doctor's Phone # _____

STUDENT MEMBERS (age 16 and over) No lessons \$40. (IF NOT PART OF FAMILY MEMBERSHIP)

Name _____ Birth date: _____ Health card # _____

Parents'/Guardians' Names _____

Mailing Address _____

Phone Number: _____ e-mail address _____

Doctor: _____ Doctor's Phone Number: _____

(Please go to page 2)

WAIVER: TO BE COMPLETED FOR ALL PARTICIPANTS OVER THE AGE OF 18

It is understood and agreed that there is an inherent risk in participating in activities and programs at the Lunenburg Tennis Club and that the Lunenburg Tennis Club Executive, Agents, Staff and Volunteers are in no way responsible for any damages or loss of property or injury to the participants. I, the undersigned, therefore RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the LUNENBURG TENNIS CLUB, its Executive, Agents, Staff and Volunteers from ALL CLAIMS ARISING FROM AND OUT OF INJURY, DISABILITY, DEATH OR LOSS suffered by the participants, or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE LUNENBURG TENNIS CLUB Executive, Agents, Staff or Volunteers or otherwise during any involvement with activities and programs occurring at the Lunenburg Tennis Club.

I also agree to abide by TENNIS NOVA SCOTIA'S and the LUNENBURG TENNIS CLUB'S by-laws, Policies and Procedures at all times.

Participant's Signature

Witness (or second adult, if couple membership)

Date signed

WAIVER: FOR ALL PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the LUNENBURG TENNIS CLUB, its executive, agents, staff and volunteers, from any and all liabilities resulting from my minor child's involvement with activities and programs occurring at the Lunenburg Tennis Club.

Parent/Guardian's Signature

Witness

Date signed

EMERGENCY CONTACT (To be completed by everyone, please)

Name: _____
Please print name

Phone Number: _____