

Sportsplex Tri Club Membership Application

Athlete Info:		Emergency Contact Info:	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
Birth date (mm/dd/yyyy):		Relationship:	
USAT Membership Number:			
Sportsplex Member?		Time preference for workouts:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Evening <input type="checkbox"/>	Early morning <input type="checkbox"/>
Indicate level: Elite <input type="checkbox"/>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
For Members Under 18, Complete Parent/Guardian contact information:			
Name:			
Address:			
City/State/Zip:			
Phone Number:			
Indicate Membership Category			
New Adult \$30 <input type="checkbox"/>	Renew Adult \$30 <input type="checkbox"/>	Youth New \$20 <input type="checkbox"/>	Youth Renew \$20 <input type="checkbox"/>
Family \$60 <input type="checkbox"/>			
<p>I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Club, any Club committee, all officers, directors, members, volunteers, employees, agents, independent contractors, representatives, sponsors, other participants, operators, officials, spectators, passers-by, persons in any restricted area, advertisers, owners and lessees of premises used to conduct events, owners and lessees of property inadvertently affected, and each of them, and each of their officers, directors, members, volunteers, employees, agents, independent contractors and representatives (all referred to for purposes of this document as "releasees"), from all liability to me, my personal representatives, assigns, heirs, and kin of any degree for any and all loss or damage, and any claim or demand of any kind, on account of injury or wrong done to me, or injury to or loss of my property, or resulting in my death, whether caused by the negligence of any releasee or otherwise, while I am in or upon a restricted area or competing, officiating, in, observing, working for, or for any purpose participating in any Sportsplex Tri Club Activity.</p> <p>I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS all releasees, and each of them, from any loss, liability, damage or cost due to my presence in or upon a restricted area and/or my competing, officiating, in, observing, working for, or for any purpose participating in any Sportsplex Tri Club Activity, including any of the above caused by the negligence of any releasee or otherwise.</p> <p>I ASSUME FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to my presence in or upon a restricted area or competing, officiating, in, observing, working for, or for any purpose participating in any Sportsplex Tri Club Activity, including any of the above caused by the negligence of any releasee or otherwise.</p>			
By signing this form, I agree to abide by all club by laws.			
Signature of athlete or parent/guardian			
Date			
<i>For club use only</i>			
Date payment received:		Method of Payment:	

Membership expires December 31 of each calendar year. Membership dues is non-refundable and non-transferable.

Version date: 2.2006