

CAMPUS TENNIS CENTRE

2000 Simcoe Street North Oshawa, ON L1H 7L7 905-721-3040 Fax: 905-721-3117

Membership Categories

- Charter
- Founding
- Founding Couple
- Seasonal- Winter
- Seasonal- Summer
- Senior
- Intermediate
- Junior
- Staff
- Staff Seasonal
- Winter
- Staff Seasonal
- Summer
- Initiation Fee

Membership Status

- New
 - Renewal
- *Cheques payable to:
Durham College

Office Use Only:

Payment Amount: _____

Method:

- Cash
- Cheque
- Debit
- Visa
- Mastercard
- American Express
- Payroll Deduction

Payment Received by: _____

Official Member Registration Form

First Name: _____

Last Name: _____

Address: _____

City: _____ Postal Code: _____

Phone No.: _____ Business No.: _____

Cell Phone: _____ D.O.B.: _____

Current Level of Play: _____

Email Address: _____

RELEASE, WAIVER AND DISCHARGE

Please read this document carefully before signing where indicated. Your signature confirms that you have read, understood and accept the statements and the release, waiver and discharge which follow.

The risk of physical injury is inherent in the performance of physical exercise using the facilities and equipment provided in the Campus Tennis Centre (the "Centre"). The nature of the risk depends on the care with which the facilities and equipment are used, and the physical fitness and capabilities of a person, relative to the strenuous nature of the exercise undertaken.

In consideration of acceptance of my application as a member of the Centre, I hereby release, waive and forever discharge the Board of Governors of Durham College/ University of Ontario Institute of Technology/Campus Tennis Centre, and its officers, employees and voluntary officials, of and from all claims, demands, damages, costs, expenses, actions and causes of action, in respect of death, injury, loss or damage to my person or my property, arising by reason of my use of the Centre.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

Think tennis all year!