

QPTC MEMBERSHIP APPLICATION – 2021

PLEASE PRINT **CLEARLY!** A **SEPARATE** APPLICATION FORM IS REQUIRED FOR **EACH** MEMBER, INCLUDING JUNIORS

First Name _____ Last Name _____

Address _____ Unit # _____ Postal Code _____

City _____ Email Address _____

Tel # (Home) _____ Cell # _____ Alt # _____

****OPTION**** PAY BY e-Transfer TO: treasurer@quakerparktennis.ca (check) [] **FORM STILL REQUIRED.**

TYPE	DESCRIPTION	FEE + HST	PAY	✓
ADULT	Annual Rate	\$376.11 + (\$48.89 HST)	\$425	
	KCU or Pepsico Employee/Spouse	\$283.19 + (\$36.81 HST)	\$320	
	Sponsored Adult, Year 1	\$190.27 + (\$24.73 HST)	\$215	
	Sponsored Adult, Year 2	\$283.19 + (\$36.81 HST)	\$320	
	Spring Special, May 1-June30 + 8 group lessons	\$185.84 + (\$24.16 HST)	\$210	
	Half Year (after August 1)	\$194.69 + (\$25.31 HST)	\$220	
STUDENT	Annual Rate	\$185.84 + (\$24.16 HST)	\$210	
<i>Must be</i>	Sponsored Student, Year 1 only	\$97.35 + (\$12.65 HST)	\$110	
<i>Full Time</i>	Half Year (after August 1)	\$97.35 + (\$12.65 HST)	\$110	
<i>& Under 25</i>	Enrolled at:	Date of Birth (y-m-d)		
JUNIOR	Annual Rate	\$110.62 + (\$14.38 HST)	\$125	
	Half Year (after August 1)	\$57.52 + (\$7.48 HST)	\$ 65	
	(If a parent or a grandparent is a full member)		FREE	
	Enrolled at:	Date of Birth (y-m-d)		

* Make cheques payable to: QPTC *No Post-dated cheques *Fees are not refundable

* Credit Policy for Injuries: <http://www.quakerparktennis.ca/docs/qptcpolicies.pdf> Section 5.4.2

* List volunteering preferences at: <http://www.quakerparktennis.ca/volunteer-policy.php>

I agree to waive my right to any claim against the Quaker Park Tennis Club, the staff or volunteers for any and all damages arising as a result of any accident, injury or loss while I am on the premises of Quaker Park Tennis Club, except such as shall arise solely as a consequence of it's or their willful negligence or willful default. I agree to abide by the Constitution, Bylaws and rules of the Quaker Park Tennis Club. I understand the terms and conditions as stated herein.

Signed _____ Date _____

Applicant must sign. Parent or guardian must sign, where applicant is under 18 years of age.

MAIL TO: QPTC Memberships, 1293 Melody Cr., Peterborough ON K9K 2P7

MEMBERSHIP CONTACT: Lillian Horn (705) 742-8594 membership@quakerparktennis.ca

Date Received _____ Amount _____ Shoe Tag _____ Trial Expiry _____

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY
RELATING TO THE CORONAVIRUS/COVID-19**

THE CORONAVIRUS, COVID-19, HAS BEEN DECLARED A PANDEMIC AND IS EXTREMELY CONTAGIOUS. IT IS BELIEVED THAT THE VIRUS IS SPREAD THROUGH PERSON-TO-PERSON CONTACT. THE FEDERAL GOVERNMENT RECOMMENDS SOCIAL DISTANCING AS WELL AS LIMITING THE CONGREGATION OF GROUPS OF PEOPLE.

QUAKER PARK TENNIS CLUB (“THE CLUB”) IS IMPLEMENTING A NUMBER OF PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF THIS VIRUS BUT CANNOT GUARANTEE THAT YOU WILL NOT BECOME INFECTED BY ATTENDING THE CLUB.

By signing this agreement, I acknowledge that I may be exposed to or infected by the COVID-19 virus by attending the club and/or participating in club activities. Exposure or Infection may result in personal injury, illness, permanent disability or death. I further understand that the risk of becoming exposed or infected at the club may result from the actions, omissions, or negligence of myself and others, including but not limited to, Club employees, volunteers and other members including the Executive.

I voluntarily agree to assume all risks and accept sole responsibility for any injury, illness, death, loss, claim, liability or expense in connection with my attendance at the club. I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, executive and representatives from claims, liabilities, actions cost or expenses of any kind arising out or relating thereto. I further understand and agree that the release includes claims based on actions, omissions or negligence of the Club, its employees, agents, executive and representatives, whether a COVID-19 infection occurs before, during or after participation in any club activities.

I further declare that I have not been out of the country in the last fourteen (days) and that to the best of my knowledge, I have not been exposed to anyone who is suspected of having the virus.

PRINT Full Name of Member/Guest

Member/Guest Signature

Date

NO MEMBER or person who has not signed this waiver shall be allowed on the Quaker Park Tennis Property (including the practice wall).

Please direct any questions to covidqptc@quakerparktennis.ca