

# Cypress Park Tennis Center

## MEMBERSHIP APPLICATION



Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

### Personal Data

Date of Birth \_\_\_\_\_

Level of Play \_\_\_\_\_

### Family Data

Last Name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Membership Categories

Check the category of membership for which you are applying. All memberships subject to 6% sales tax.

#### Cypress Park Tennis

Featuring membership privileges  
at Cypress Park Tennis only:

\_\_\_\_\_ Family (up to four members) \$220  
\_\_\_\_\_ Adult \$150  
\_\_\_\_\_ Junior \$60

#### Cypress Park & Tennis Center Combination

Featuring membership privileges  
at Cypress Park Tennis and the Tennis Center:

\_\_\_\_\_ Family (up to four members) \$625  
\_\_\_\_\_ Adult \$425  
\_\_\_\_\_ Junior \$200



**Total Membership Fees Due** \$ \_\_\_\_\_

Six guest passes given by \_\_\_\_\_  
on date \_\_\_\_\_

*Member's signature is also required  
on Release & Waiver on reverse side.*

# City of Coral Springs RELEASE AND WAIVER



In consideration of the permission granted by the City of Coral Springs to participate in the City of Coral Springs' **MEMBERSHIP PROGRAM AT CYPRESS PARK TENNIS** and any and all related events and activities, I, the undersigned for myself, my minor child, my heirs, assigns and administrators, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE CITY OF CORAL SPRINGS AND ITS AGENTS, OFFICERS AND EMPLOYEES** from all liability, to the undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of action, damages, losses and liabilities, costs, expenses and compensation on account of the death or injury to the person or property of family, and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my participation in this activity or event.

I certify and warrant that the participant is in good physical condition and able to participate in the above activity or event at said participant's own risk.

**I HAVE CAREFULLY READ THE FOREGOING AND RELEASE AND WAIVER AND KNOW THE CONTENT THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER OF MY OWN FREE ACT.**

This Release and Waiver contains the entire agreement between the undersigned and the City of Coral Springs and the terms of this Release and Waiver are contractual and not a mere recital.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Printed Name of Signator

I asked the Signator if he/she understood what is being signed.

\_\_\_\_\_  
Signature of Witness

