

Tennis Center of Coral Springs

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 _____

Personal Data

Date of Birth _____

Level of Play _____

League Experience _____

Occupation _____

Family Data

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.

Tennis Center

Featuring membership privileges
at Tennis Center only:

_____ Family (up to four members) \$500

_____ Adult \$350

_____ Junior \$150

Tennis Center & Cypress Park Combination

Featuring membership privileges

at the Tennis Center and Cypress Park Tennis:

_____ Family (up to four members) \$625

_____ Adult \$425

_____ Junior \$200

Tennis Center & Aquatic Complex Combination

Featuring membership privileges at the Tennis Center and Aquatic Complex.

(Note: The Aquatic Complex membership must be purchased prior to purchasing this combo package.)

_____ Family (up to four members) \$375

_____ Adult \$285

_____ Junior \$115



Total Membership Fees Due \$ _____

Six guest passes given by _____

*Member's signature is also required
on Tennis Center 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 THE TENNIS CENTER OF CORAL SPRINGS** 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

