

2010/11 PLATFORM TENNIS MEMBERSHIP FORM

Village of Hinsdale
 19 East Chicago Avenue
 Hinsdale, IL 60521-3489
 Telephone: 630/789-7090 Fax: (630) 789-7016

LAST NAME _____ DATE _____
 ADDRESS _____ CITY _____ ZIP _____
 HOME PHONE _____ EMERGENCY PHONE _____
 EMAIL ADDRESS _____

DIRECTIONS:

1. COMPLETE and CLEARLY PRINT all information.
2. Total the fees in the space provided.
3. Make check payable to **Village of Hinsdale**.
4. Read and sign the Waiver below.

SEASON PASS FEES:			
Resident Individual	\$120	Non-Resident Individual	\$289
Resident Family	\$175	Non-Resident Family	\$345
Fee includes renewal of current FOB. New key FOB's are \$20 each.			

Passes will only be issued to children that are old enough to play. No passes will be issued to children under age 5.

VERIFICATION OF RESIDENCE-Completion of this form and payment confirms that the above information is true and the persons reside at the address listed.

First and Last Name of Participant/s	D/O/B	FEE	FOB Renewal
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

CREDIT CARD INFORMATION

(Visa, MasterCard, American Express, Discover) PLEASE CIRCLE ONE

TOTAL FEES _____

Card No. _____

Exp. Date _____

Print Cardholder's Name _____

Security Code _____

Cardholder's Signature _____

WAIVER AND RELEASE OF ALL CLAIMS: I have read this form carefully, and am aware that by signing this form and registering and participating in, or registering my minor child/ward for and allowing his or her participation in the Programs listed above on this form: (hereinafter referred as the "program"). I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such registration and participation. In consideration of the Village of Hinsdale (the "Village") accepting me and/or my minor child/ward as a participant in the Program, I hereby agree as follows: **ACKNOWLEDGMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS:** I have fully informed myself of all of the details of the Program and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the Program and believe and represent that I and/or my minor child/ward have the necessary abilities, skills and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injury, death and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss and of all expenses, costs, damages and losses that I, or my minor child/ward on whose behalf I am signing, may sustain as a result of participating in any and all activities connected with or associated with the Program. **WAIVER AND RELEASE OF CLAIMS:** I hereby agree to, and do, waive release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my minor child/ward on whose behalf I am signing, may have against the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assign arising out of, connected with, or in any way related to the Program or my minor child/ward's participation therein. **INDEMNITY AND DEFENSE:** I hereby further agree to indemnify and hold harmless and defend the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown present and future, arising out of, connected with, or in any way related to my or my minor child/ward's participation in the Program. **EMERGENCY CARE:** In the event of an emergency, I authorize the Village to secure, from any licensed hospital, physician and or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/ward's immediate care and agree that I will be responsible for payment for any and all such treatment rendered.

I have read and fully understand the above WAIVER & RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

Print Name of Participant/s _____ Signature _____

Print Name of Person Signing _____ Date _____