PLATFORM TENNIS MEMBERSHIP FORM - Village of Hinsdale Parks and Recreation

Mail-in or Drop-off:
Village of Hinsdale - lower level
19 E Chicago Ave, Hinsdale

Fax: 630/789-7016
Online: www.villageofhinsdale.org/pr
Questions 630/789-7090
No phone registration

FAMILY LAST NAME

ADDRESS

CITY

ZIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

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

DIRECTIONS
1. COMPLETE and CLEARLY PRINT all information. 2. Make check payable to Village of Hinsdale. 3. Read and sign the Waiver below.

☐ By checking this box, I agree to allow Hinsdale Parks and Recreation to provide my email address to Hinsdale Platform Tennis Association and the current Paddle Pro.

SEASON PASS FEES:

Resident Individual ........... $200  
Non-Resident Individual ........... $300
Resident Family ................. $250  
Non-Resident Family ............. $375

Fee includes renewal of current FOB. New key FOB’s are $25 each.

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

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<th>First/Last Name</th>
<th>Date Of Birth</th>
<th>Total Fee</th>
<th>FOB Renewal</th>
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TOTAL FEES $ 

PAYMENT INFORMATION – check one: ☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card No. ____________________ Exp. Date ___________

Cardholder’s Signature ____________________

I give permission to charge the listed total to my credit card.

WAIVER AND RELEASE

I hereby agree to indemnify and hold harmless 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 participation in the Program or any activity of my minor child’s participation in the Program.

I hereby agree to indemnify and hold harmless 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, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my participation in the Program or any activity of my minor child’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’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.

Sign Here ____________________ Date ___________

Signature of parent, guardian, or an adult participant 18 years or older

Participation will be denied if the signature of adult participating parent/guardian and date are not on this waives.