

Membership Application

Name: _____

Spouse: _____

Address: _____

Postal Code: _____

Phone: _____ Work: _____

Membership Type: _____

Birthdate: _____

Entrance Fee: _____

Monthly Dues: _____

Conditions of Membership

1. Members must abide by all posted Club Rules.
2. Members will be considered to be members of the "The Bayside Squash Society".
3. Management retains the right to revoke membership, for cause, at any time.
4. Waiver of Liability: I, _____, accept the Conditions of Membership and agree to assume all risks involved in using the premises and facilities of the club. In particular, I understand that due to the nature of the game, there are risks of accidental injury while playing squash, and I voluntarily accept and assume such risk. I also fully understand that the use of fitness equipment can be physically demanding, and it is my responsibility to consult with a physician regarding my ability to use such equipment or any health concerns I may have. I hereby release and discharge the Bayside Club, its owners, management, directors, the Board of Directors' families and agents, of any and all liability for losses and personal injury of every nature and kind whatsoever. I acknowledge having read and understood this liability release and my acceptance of this release is evidenced by my signature.

Date: _____

Signature: _____

Parent or Guardian for juniors