

Application for Bradley/Cleveland Community Tennis Association Membership

PLEASE READ CAREFULLY - PLEASE PRINT

Please Circle:			
Jr. Tennis	Adult Flex League	Both	Community Outreach

Please Circle:							
Junior Level:	Beginner	Intermediate			Advanced		
Adult USA NTRP LEVEL:	Not Rated	2.5	3	3.5	4	4.5	5+

Birthdate: _____

Gender: (circle) Male Female

Name: _____

Primary Contact: Name _____ Phone _____

Secondary Contact: Name _____ Phone _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Please list any medical conditions we need to be aware of: _____

I know that my child could be injured while participating in this activity. An injury could arise as a result of the physical dangers that are part of physical activity, being transported to or from an activity, what my child does, or what the BCTA, its employees, or its volunteers do or fail to do. For and on behalf of my child, myself, and my child's other parent/guardian, I agree not to hold Bradley County/Cleveland, its employees, or its volunteers legally or financially responsible for any injury to my child or myself. I understand that the medical or other costs of treating any injuries received while a program participant will be mine. By signing this form, I give permission for my child or myself to participate in this athletic program. I also give permission for the BCTA, its agents, and coaching staff to render first aid and to obtain medical care as they deem necessary.

If applying for a Family Membership, please list the name(s), gender, relationship, birthday(s), telephone number(s) and rating information of that/those person(s).

- 1) _____
- 2) _____
- 3) _____

Please tell us a little more about yourself!

Parent/Guardian/Participant Signature: _____

Please make check payable to: BCTA

Fee paid by: _____

Check Number/Amount: _____ Cash/Amount: _____

Received: _____ Date: _____