



FAIRVIEW TENNIS CLUB

2021 MEMBERSHIP REGISTRATION FORM

PAID BY	
Cash	<input type="checkbox"/>
Cheque	<input type="checkbox"/>

NEW MEMBER RETURNING MEMBER

PRIVACY STATEMENT: Here at Fairview Tennis Club, we take the privacy of our members data seriously and will only use your personal information for club administration purposes and for communicating with you about your membership.

FAMILY NAME: _____ TELEPHONE: _____
 ADDRESS: _____ CITY: _____
 E-MAIL: _____ POSTAL CODE: _____

ADULT MEMBERS <i>(All adult members are voting members)</i>		JUNIOR MEMBERS <i>(Under 18 years of age as of January 1, 2021)</i>	
FIRST NAME	AGE ≥ 21	FIRST NAME	AGE ≥ 15
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

MEMBERSHIP FEES <i>(FAMILY - Maximum of 4 persons: 2 adults / 2 juniors per family)</i>							
FAMILY	<input type="checkbox"/>	\$120.00 x	\$	JUNIOR 15 to 18	<input type="checkbox"/>	\$30.00 x	\$
ADULT	<input type="checkbox"/>	\$70.00 x	\$	JUNIOR under 15	<input type="checkbox"/>	\$10.00 x	\$
				Additional Key	<input type="checkbox"/>	\$5.00 x	\$

Please make cheque payable to:
FAIRVIEW COMMUNITY TENNIS CLUB

TOTAL PAYMENT	\$
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ACTIVITIES <i>(Please check off club activities you are interested in)</i>			
Sunday Mornings Mixed Doubles Round Robin	<input type="checkbox"/>	Adult Lessons	<input type="checkbox"/>
Thursday Evenings - Ladies Night	<input type="checkbox"/>	Junior Half-Day Summer Camp	<input type="checkbox"/>
Tuesday Evenings - Mens Night	<input type="checkbox"/>	Junior Lessons	<input type="checkbox"/>
Inter-Club - Charity Tournament	<input type="checkbox"/>	Junior Interclub League	<input type="checkbox"/>

RELEASE OF LIABILITY:

- I/WE hereby apply for membership in the Fairview Community Tennis Club for the current season.
- I/WE agree to abide by the Club rules, as established by the Club's Executive Committee and the City of Mississauga.
- I/WE agree to release the Club and any individual associated with the Club from any responsibility, claims, actions or damages resulting from MY/OUR participation in any and all activities of the Fairview Community Tennis Club.
- I/WE consent to release of personal information to the City of Mississauga for the purposes of the CGRP (Community Group Registry Program).

SIGNATURE: _____ DATE: _____

Registration forms may be returned with cheque payment and a self-addressed stamped return envelope to:
 Matthew Konu at 1112 Windbrook Grove, Mississauga, ON L5V 2T2