



Annual Membership Application

Membership Type (circle one): Individual \$25.00 Family \$50.00

Name: _____

Additional Family Members: _____

Mailing Address: _____

Email Address: _____

Primary Telephone Number: _____

Backup Telephone Number: _____

Do you wish to share your contact information on the Members Only section of MarshfieldTennis.com? _____

Interests : Circle All That Apply

Recreational Play League Play Singles Doubles Lessons Clinics
Court Maintenance Tennis Clinic Volunteer Social Committee Other

By signing below it is agreed that I/we hereby release MARSHFIELD TENNIS CLUB (MTC) and its volunteer committees/members from all claims for damages arising from any accidents or injury to the applicants named above or my guests which are caused by or occur during use of the court facilities or arise from participation in any program or in any facility or at any location where an MTC event is being held. I/we also assume responsibility for my physical and mental fitness and capability to perform all of the physical and mental demands associated with my participation in any MTC programs and/or activities. It is understood that I/we am participating in these activities on a voluntary basis and that I/we understand the risks involved in playing tennis.

Signature

Date

Signature

Date

Send completed application and check made payable to the Marshfield Tennis Club to:

Marshfield Tennis Club, P.O. Box 1122, Marshfield MA 02050