**BTC Membership Application Form 2020 (special)**

**Member Information**

\*Member name (first and last)

\*Email address

\*Primary phone

Secondary phone

\*Select membership type for purchase:



If Couple or Family, please list additional members and their email addresses, as applicable:

Additional members names (first last), maximum of three for family

Select if interested in any club or InterCounty leagues:





Select if interested in lessons with our club Pro:



Select if interested in a club executive position:



How did you hear about us?



**Waiver and Release - PLEASE READ CAREFULLY**

The Ballantrae Tennis Club, its members, executive officers, directors, and instructors, and the Town of Whitchurch-Stouffville are released and forever discharged from all claims and demands for damage, loss and/or injury, however arising, whether the result of bodily injury, death, or loss or damage to personal property, which may be sustained by the undersigned and all other applicants, resulting from participation in tennis or any related activity and consequences thereof.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, the Town of Whitchurch-Stouffville has put in place Guidelines and Restricted Play Rules for tennis, and any related activity, to reduce the spread of COVID-19. These Guidelines and Restricted Play Rules are posted on the Town of Whitchurch-Stouffville tennis courts and are available on the Ballantrae Tennis Club website. By signing this agreement, I, and on behalf of any other person included under this membership, acknowledge the contagious nature of COVID-19, and agree to read and adhere to all Town of Whitchurch-Stouffville Guidelines and Restricted Play Rules. I also voluntarily assume the risk that I, and any other person included under this membership, may be exposed to or infected by COVID-19 by playing tennis, or any related activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. On my behalf, and on behalf of any other person included under this membership, I hereby release, covenant not to sue, discharge, and hold harmless the Ballantrae Tennis Club, its members, executive officers, directors, and instructors, and the Town of Whitchurch-Stouffville, from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Ballantrae Tennis Club, its membership, executive officers, directors, and instructors, and the Town of Whitchurch-Stouffville, whether a COVID-19 infection occurs before, during, or after participation in any Ballantrae Tennis Club program.

I, and on behalf of any other person included under this membership, do hereby consent to the Ballantrae Tennis Club collecting, using or disclosing any of my personal information, or depiction or photographs of my likeness collected by or produced by the Ballantrae Tennis Club, for the specific purpose of promoting via its website or conducting club business, and further agrees to accept any invitation to join the Ballantrae Tennis Club mailing list group. The information provided by me in this registration application form is accurate.

The Ballantrae Tennis Club is committed to respecting your privacy. We do not sell or disclose your personal information to any outside commercial interest for marketing, solicitation or any other such purpose.



Date Signed (DD-MM-YYYY)

**Payment Information**



VISA Number

Expiry Date (MM-YY)

CVV Code



Mailing address: Ballantrae Tennis Club, P.O. Box 95091, Stouffville, ON L4A 1J1