



UINDY TENNIS CENTER

MEMBERSHIP AGREEMENT

2727 NATIONAL AVE. INDIANAPOLIS, IN 46227

(317) 788-7700

www.uindytenniscenter.com



 CHECK HERE IF RENEWAL, ONLY ENTER CHANGED INFORMATION
(Review Information in Racquet Desk with Front Desk Staff)

Type of Membership – Please Check

 Family (\$400) **Senior (\$150)** **Adult (\$180)** **Junior (\$125)**
 Pickleball (\$125) **Pickleball (Free:24-hour Reservation Only)**
 Seasonal Adult (\$90) **Seasonal Junior (\$75)** **Seasonal Senior (\$75)**
 Junior (10& Under) (Free) **Faculty/Staff/Student (Free)** **UINDY Tennis Alumni (Free)**

PLAYER NAME _____ BIRTHDATE _____
(MM/DD/YYYY)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ - _____

CELL PHONE (_____) _____ - _____ CELL PHONE PROVIDER _____

EMAIL ADDRESS _____

ADDITIONAL FAMILY MEMBERS (Family Membership Only)

_____ AGE _____ BIRTHDATE ____/____/____

_____ AGE _____ BIRTHDATE ____/____/____

_____ AGE _____ BIRTHDATE ____/____/____

This membership allows the player(s) to participate in clinics and lessons as authorized by the UINDY Tennis Center and to book and use court time. This membership does not allow for lessons or coaching by others not registered with the UINDY Tennis Center. Outside coaches and instructors must register with the Director of Tennis before teaching.

Signature _____ **Date** _____

This signature is acceptance of the Terms of Membership and the Waiver of Liability on the reverse side of this form and posted at the front desk at the UINDY Tennis Center.

FOR OFFICE USE ONLY

DATE ENTERED ____/____/____ **Membership #** _____

Paid: CC: _____ **Cash:** _____ **Check#:** _____

TERMS OF MEMBERSHIP

I hereby apply for membership at the University of Indianapolis Tennis Center. I understand that this application is subject for review and approval of the club management. Upon acceptance of this application the undersigned shall receive membership rights and agrees to abide by all the

rules and policies of UIndy and UIndy Tennis Center. I understand that my membership may be terminated by UIndy if I am in violation of the club rules, regulations, policies, conduct myself in a manner which is deemed inappropriate or disruptive to other members, or make false representation of information contained in this application. I will not be entitled to any refund of the enrollment fees or dues paid up to the date of termination. Upon termination of my membership I am responsible for any outstanding balance due. The UIndy Tennis Center may be closed during certain legal and non-legal holidays, and restrict hours based on court utilization. Use of the club or facilities is also subject to interruption for needed repairs and maintenance.

WAIVER OF LIABILITY

The University of Indianapolis Tennis Center shall not be held responsible or liable by any member or guest for injury to person, or damages or loss of property for any reason. The undersigned is familiar with the risks and perils inherent in sport activities such as are conducted here at the UIndy Tennis Center, and further the undersigned is undertaking such sports activities; therefore, in consideration of being permitted to become a member or guest of the UIndy Tennis Center, the undersigned hereby voluntarily assumes all risks of personal of personal injury, property damage, and/or participation in any of these sports activities sponsored by the Tennis Center, and further