

Hammond Hills Swim and Tennis Association, Inc.

P.O. Box 720017
Atlanta, Georgia 30358



NEW MEMBER APPLICATION AND AGREEMENT (Page 1 of 2)

PARENT(S)/GUARDIAN(S) INFORMATION:

MR./MRS./MS. FIRST _____ LAST _____

MR./MRS./MS. FIRST _____ LAST _____

ADDRESS _____

CITY _____ ZIP-CODE _____

SUBDIVISION _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

Please note that e-mail will be our main form of communication, so please include as many email addresses as you'd like

E-MAIL 1 _____ E-MAIL 2 _____

EMERGENCY CONTACT _____ AND PHONE _____

CHILDREN/FAMILY MEMBERS:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

DO ANY OF THESE PARTICIPANTS NEED SPECIAL ASSISTANCE? YES _____ NO _____

IF YES, PLEASE SPECIFY _____

I'M ALSO INTERESTED IN: _____ ADULT TENNIS _____ KID'S TENNIS _____ SWIM TEAM

Referred by: _____

Do you have questions or would like to meet a certificate sponsor? email: membership@hhsta.com

MEMBERSHIP TYPE: FAMILY \$525.00 / COUPLE \$400.00 / SINGLE \$250.00 (Please circle your choice)

Enclosed is a: Check \$ _____ Money Order \$ _____ Cash \$ _____

Make check payable to: Hammond Hills Swim and Tennis Association, Inc.
Mail payment/form to: HHSTA Membership
P.O. Box 720017
Atlanta, Georgia 30358

Please be sure to sign the bottom/back (page 2) of this form.

OFFICE USE ONLY:

Membership No. _____ Type: _____ Amount: _____ Check No. _____

Info Updated: _____ Certificate Member: _____ Date: _____

Date Received: _____ Certificate Member: _____ Date: _____

Hammond Hills Swim and Tennis Association, Inc.

P.O. Box 720017
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Terms and Conditions:

MEMBERSHIP

Submission of a completed application; payment, and acceptance of application by the board.

REFUND POLICY

I understand and agree that all pool membership fees are non-refundable. In the event of extraordinary circumstances, and only upon approval of the board, may a refund be approved.

COMPLIANCE WITH SWIM and TENNIS RULES

I agree for myself and any named participant (if such participant is under the age of 18) that I/we shall abide by the Hammond Hills Swim and Tennis Association, Inc. (HHSTA) Pool/Facility Rules now in effect or amended from time to time. I understand that failure to comply with the Pool/Facility Rules may result in sanctions up to and including termination of my/our membership. The complete and up to date version of the HHSTA Swim and Tennis rules are posted at the club house and can be found online at www.HHSTA.com

ACKNOWLEDGMENT OF RISKS, LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

In signing this release for myself and for any named participants (if such participant(s) is under age 18), I acknowledge and understand that, as a participant at the (HHSTA) pool and tennis facilities, I/we will be exposed to RISKS OF SERIOUS BODILY INJURY, SICKNESS, OR DEATH due to the circumstances inherent in swimming and outdoor activities, and such programs, including the negligent acts or omissions of others. I ACKNOWLEDGE that there are a variety of RISKS AND DANGERS inherent in swimming, outdoor activities and related facilities. In exchange for being permitted to participate, I voluntarily agree to assume all of these and other risks inherent in participating in such swimming, outdoor activities and related facilities.

Despite these dangers, and in consideration of the Hammond Hills Swim and Tennis Association, Inc. (HHSTA) accepting my registration, I for myself and/or the participant, all heirs, executors, administrators and assigns, AGREE TO HOLD HARMLESS, RELEASE AND INDEMNIFY the (HHSTA), its boards and trustees, officers, employees, volunteers and other representatives FROM ALL CLAIMS FOR LIABILITY OR LEGAL RESPONSIBILITY FOR ANY DAMAGE OR LOSS OF ANY KIND, including PERSONAL INJURY OR DEATH, PROPERTY DAMAGE, AND ECONOMIC LOSS, arising from my participation in and/or use of the (HHSTA) pool and tennis facilities and/or any other activity or program of the (HHSTA)

I further agree that in the event that my child repudiates or attempts to repudiate such release, I will indemnify and save harmless the (HHSTA), its successors and assigns, for any and all loss and damage occasioned thereby.

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THE TERMS OF THIS AGREEMENT,
INCLUDING THE RELEASE, WAIVER AND INDEMNIFICATION.

DATE: _____

SIGNATURE OF PARTICIPANT (OR CUSTODIAL PARENT OR
GUARDIAN IF PARTICIPANT IS UNDER AGE 18)

