



# NON-RESIDENT TENNIS MEMBERSHIP FORM

**TYPE** (Circle One): Pee Wee: \$50 Junior: \$100 Individual: \$150 Family: \$300

**TENNIS MEMBERSHIP NUMBER** \_\_\_\_\_ **EXPIRATION DATE 8-31-2010**

Primary/Individual Member:

NAME		BIRTHDATE	
PARENT NAME (if primary member is Pee Wee or Junior)			
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	E-MAIL	

Family Memberships:

NAME	RELATIONSHIP	BIRTHDATE
NAME	RELATIONSHIP	BIRTHDATE
NAME	RELATIONSHIP	BIRTHDATE
NAME	RELATIONSHIP	BIRTHDATE

### AVSP NON-RESIDENT TENNIS MEMBERSHIP RULES AND REGULATIONS:

This contract is in effect from registration date until August 31, 2010 and can be cancelled or modified by AVSP at anytime. AVSP Non-Resident Tennis Members (NRTMs) must abide by the AVSP rules, regulations, and decisions set forth by the AVCA Board of Directors. All tennis programs have a "Residents Only" registration period prior to NRTM registration. AVSP reserves the right to change registration policies at anytime without notice. This policy change may include, but is not limited to, making a program "Residents Only." AVSP reserves the right to restrict NRTMs access to any program it deems necessary at any time. NRTMs are required to present their membership cards upon entry. NRTMs participating in a tennis program without check in may be subject to forfeiture of their privileges at AVSP.

By signing and submitting this form, the participant and/or the parent/guardian whose signature appears below, agrees to abide by AVSP rules and regulations, consent to the discretionary right of AVSP to impose sanctions on program participants, including revocation of AVSP privileges, dismissal from the program based on the program-related conduct of the program participant, the program participant's immediate family or others accompanying the program participant, and waive any right to institute any judicial action against any person relating to the imposition of any such sanction.

**Non-Resident Tennis Memberships expire 8-31-2010. Membership fees are non-refundable. Make checks payable to AVSP.**

I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE AND INDEMNITY AGREEMENT AND THE RULES AND REGULATIONS PUT FORTH IN THE AVSP, WTS INTERNATIONAL AND AVCA MEMBERSHIP GUIDELINES.

PLAYER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Check YES or NO. *If you do not wish to complete this form, please sign the **Release Waiver** below.*

*Anyone who answers "yes" to one or more questions is required to have their physician complete and return a Medical Clearance Form (on reverse side) to us before you can begin exercising at our club.*

	<b>YES</b>	<b>NO</b>
1. Has a doctor ever said you have a heart condition & recommend only medically supervised activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you developed chest pain?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you on ever lost consciousness or fallen over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be aggravated by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

### If you Answered "YES" to one or more questions above:

Please explain: \_\_\_\_\_

Medications: \_\_\_\_\_

### If you answered "NO" to all questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment—this is an excellent way to determine your basic fitness level.

#### ► Delay becoming more active if:

- If you have a temporary illness such as a cold or a fever.
- If you are or may be pregnant - talk to your doctor before initiating exercise.

If your health changes so that you would answer YES to the above questions, tell your fitness or health professional.

Signature of Member/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE WAIVER

*I have been given the opportunity to complete a Physical Activity Readiness Questionnaire and refuse to provide Ashburn Village Sports Pavilion such information. This information is used by Ashburn Village Sports Pavilion to provide medical emergency information to advanced life support, should such information be needed. It also provides the Ashburn Village Sports Pavilion an emergency contact and phone number should a family member or friend need to be called. Therefore, I release and discharge. Ashburn Village Sports Pavilion, and WTS International, Inc. from any and all claims, actions or causes of action arising from or relating to my refusal to provide such information to Ashburn Village Sports Pavilion.*

Signature of Member/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_