

Membership Agreement

A facility of the South Barrington Park District
 3 Tennis Club Lane, South Barrington, Illinois 60010
 Phone: (847) 381-2570 Fax: (847) 381-4697 www.sbpd.net

Primary Member Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Cell Phone:	
Email:	

Primary Member Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Cell Phone:	
Email:	

Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Billing Address (If different from above): _____
 City: _____ State: _____ Zip: _____

For Family Memberships Only				
Please list all dependent children under 21 who reside at your address and will be included in this membership:				
First Name	Last Name	Age	Birth Date	
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Emergency Contact Name: _____ Relationship: _____ Phone: _____
 How did you hear of our facility? _____
 If referred to us by a member, please list the name: _____

MEMBERSHIP STATUS - Please check all that apply.	
Residency	<input type="checkbox"/> South Barrington Resident <input type="checkbox"/> Non-Resident
Membership Status	<input type="checkbox"/> Executive <input type="checkbox"/> Associate
Membership Type	<input type="checkbox"/> Individual <input type="checkbox"/> Dual <input type="checkbox"/> Family <input type="checkbox"/> Extended Family <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Senior Dual
Corporate Status	Company Name: _____ <i>Please note that all corporate memberships must be approved by the Membership Coordinator.</i>
Billing Status	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual

I understand the nature of the membership for which I am registering, and have read and fully understand the Waiver, Release and Hold Harmless as printed on the back of this membership agreement.	Initials:	Date:
---	------------------	--------------

OFFICE USE ONLY:		
Initiation Fee Amount: \$ _____	Transaction Number: _____	Date Paid: _____
Initiation Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card		
Application Accepted by: _____	Date: _____	Toured by: _____ Date: _____

MEMBERSHIP AGREEMENT

1. RULES AND REGULATIONS. Member(s) agrees to be bound by the rules and regulations of The South Barrington Club and the South Barrington Park District, as they may be amended from time to time. Member(s) and his or her dependent children, if any, agree at all times to comply with rules pertaining to the use of facilities by dependent children.
2. MONTHLY BILLING. Monthly dues are billed in advance. Member(s) agrees to pay monthly dues and charges (for merchandise, programs, childcare, court time or other services) upon receipt of the monthly statement. All dues and charges are subject to change.
3. LATE FEES. Member(s) agrees to pay a finance charge of one and one half percent (1.5%) per month on any account, if the balance is not paid in full within thirty days of the statement date. Member(s) agrees to pay all costs of collection, including reasonable attorney fees incurred by the South Barrington Park District in enforcing any provision of the Agreement.
4. CANCELLATION OF MEMBERSHIP. **Member(s) agrees not to cancel the membership within one year of the agreement date.** Membership, after the first year, may be canceled by completing a resignation form (available at the front desk or on-line at www.sbpd.net in the document download section) and returning membership card(s). Cancellation is effective only as of the last day of a month, provided notice has been given on the resignation form and cards have been returned.
5. UNPAID ACCOUNTS. Membership privileges may be suspended if any account remains delinquent 60 days after the billing date of the monthly statement. If you are consistently over 90 days on a payment, a credit card will need to be on file.
6. WAIVER, RELEASE AND HOLD HARMLESS. As a member, I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, damages, or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with The South Barrington Club. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury. I agree to waive and relinquish any and all claims that I may have as a result of participating in activities at the South Barrington Club, against The South Barrington Park District, any and all independent contractors, officers, agents, servants, and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature that might be directly or indirectly liable for any injuries that I might sustain while participating in activities. I do hereby fully release and discharge the South Barrington Park District and the above parties from any and all claims for injuries, including death, damage or loss which I may have or which may occur to me on account of my membership. I further agree to indemnify, hold harmless and defend the South Barrington Park District and the above parties, from any and all claims for injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of membership. I further understand and agree that terms such as "participation," "membership," and "activities," referred to in the Agreement include all exercises and physical movements of any nature as a member, and further include the provisions of or failure to provide proper instruction or supervision, the use and adjustment of all machinery, equipment, apparatus, and anything related to my use of the services, facilities or premises. I understand the nature of the membership for which I am registering, and have read and fully understand the Waiver, Release and Hold Harmless.
7. MEDICAL SUSPENSION: Membership may be suspended for medical reasons upon completion of a medical suspension form.
8. FEES: Member(s) is aware that membership fees and initiation fees are non-refundable and that renewal of membership, previously canceled or terminated, will require the full payment of a new initiation fee. Member(s) understands that if EFT information is provided, the member's checking account, savings account, or credit card will be debited for all monthly dues and charges.

Primary Member Signature: _____ Date: _____