WICKERTREE MEMBERSHIP APPLICATION

5760 Maple Canyon Ave.
Columbus, OH 43229 614-882-5724

Adult Name:_____ Birthdate:_____
Adult Name:_____ Birthdate:_____
Child 1:_____ Birthdate:_____
Child 2:_____ Birthdate:_____
Child 3:_____ Birthdate:_____
Address:_____
_city_____ state_____ zip code_____
Phone #s:_____
Email:_____

Membership Type and Associated Dues				
		Individual		Couple/Family
Adult Membership($100+tax initiation)	X	$33/month+tax	X	$47/month+tax
Juniors–Up&Comers &Above ($50+tax init)	X	$18/month+tax		
10 & Under Programs (no initiation)	X	No membership fee-completed form and payment method must be on file		
Non-Member Participant	X	$5 guest fee applies to all activities – one visit per week		

initial**To cancel your membership, written notice or email addressed to membership@wickertree.com is required.** Cancellation will be effective **30 days** from receipt of the notification. Cancelled memberships that are later reinstated will incur an additional initiation fee. Memberships can be suspended for one month due to injury only. Members 21 and older require their own individual membership.

PARTICIPATION WAIVER

I, _____print name_____, in consideration of the benefits of the facility and other activities of The Wickertree Tennis & Fitness Club, apply for membership __/___/____. I agree that all use of The Wickertree Tennis & Fitness Club shall be undertaken at my own risk, and that owners shall not be liable for any injuries, damages, or loss to myself, other family members or guest, to be subject to any claim or demand for loss injury or damages what-so-ever, including, without limitations, those damages resulting from intentional, reckless, or negligent acts of omission on the part of the Wickertree Tennis & Fitness Club's owners, employees, officers, or agents. I, myself, and on behalf of my executors, administrators, and assigns, do hereby expressly forever release and discharge The Wickertree Tennis & Fitness Club, the building's owners, its successors, assigns, officers, and agents for such claims, demands, injuries, actions or cause of actions.

Signature:_____adult signature required_____Date:_____

ACCOUNT PAYMENT AUTHORIZATION

I authorize The Wickertree Tennis & Fitness Club to charge my membership dues and any outstanding monies owed to my Visa, AMEX, Mastercard or Discover. **Automatic monthly charge is required for membership.**
24-hour cancellation notice required for all private lessons or you will be responsible for payment.
Make-ups will not be scheduled for late cancellations.

Type of Card:_____ Credit Card #:_____ Expiration Date:_____
Name As Printed on Card:_____
Signature:_____adult signature required_____Date:_____

8/2016