



# Lake Bluff Park District Platform Tennis Membership

355 W. Washington Avenue Lake Bluff, Illinois 60044  
Phone 847-234-4150 Fax 847-234-7275

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_

Memberships are from August 1<sup>st</sup> to July 31<sup>st</sup>. Proof of residence and age are required through picture ID. A picture membership card will be issued and must be presented each time the facility is used. If no membership card, please present driver's license. Refunds allowed only for medical disability or relocation reasons. Verification required. Resident rate applies to both Lake Bluff and Lake Forest residents who show proof of residency.

Membership Type	Resident	Non-resident
	Lake Bluff/Lake Forest	
Individual (no restrictions)	\$400	\$450
Youth (13-17 years)	\$150	\$175
Senior (62 years and older)	\$350	\$400
Limited Individual*	\$225	\$250

\*Limited Individual includes Friday Socials, Weekend Play and Member rates on all lessons

List all individuals included in the membership:

First Name	Birth date	Gender M/F	Individual \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<b>Total \$</b> _____

### Full Amount Payment Options:

**Cash**

**Check** Payable to Lake Bluff Park District

**Credit** MasterCard Visa

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

Signature \_\_\_\_\_

**OR**

### Payments Divided Into Four Payments:

1/4 payment at time of registration,

1/4 payments taken automatically by credit card on 11/15/11, 1/16/12 and 2/15/12.

Note any transaction rejected due to no fault of the park district, will be assessed a \$20 service charge each time.

**Credit** MasterCard Visa

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount taken at time of registration \$ \_\_\_\_\_

Amount taken automatically on 11/15/11 \$ \_\_\_\_\_

Amount taken automatically on 1/16/12 \$ \_\_\_\_\_

Amount taken automatically on 2/15/12 \$ \_\_\_\_\_

Signature \_\_\_\_\_

**MUST SIGN WAIVER ON BACK**

See how to make a donation to get a **Fourth Paddle Court** also on back!

**Lake Bluff Platform Tennis Waiver**

**INSURANCE LIABILITY WAIVER** The Lake Bluff Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Lake Bluff Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety. Please recognize that the Lake Bluff Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake Bluff Park District automatically responsible for payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District **REQUIRES** the execution of the Waiver and Release. Your cooperation is greatly appreciated. Please read this form carefully and be aware in participating in the program(s) listed on the other side, you will be waiving and releasing all claim for injuries you might sustain arising out of the activities of this program.

**WAIVER AND RELEASE OF ALL CLAIMS** As a participant (or as a parent/guardian of a participant under age 18) in the Lake Bluff Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries including death, damages, or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such a program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connection with, or in any way associated with the activities of the program.

**PERMISSION TO SECURE TREATMENT** In the event of emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for payment of any and all medical services required. I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment. (Note: Please sign in an appropriate space below).

I have carefully read the insurance liability waiver on this form and I understand that my signature is required below in order to participate in Lake Bluff Park District programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Donate to Purchase and Construct a Fourth Paddle Court!**

**In order for the Paddle program to grow, a fourth court is necessary but the purchase and full construction cost must be paid for through donations. You can designate your funds with The Friends of the Lake Bluff Park District Foundation specifically for Paddle. Your donation is tax deductible because we are a 501 (c) (3) not-for-profit entity.**

**Please write in your donation amount \$\_\_\_\_\_**

**Make checks payable to the Friends of the Lake Bluff Park District Foundation (FLBPDF) or complete credit card (MasterCard/Visa) information below.**

MasterCard _____	Visa _____
Card # _____	
Expiration Date _____	
Total Payment \$_____	
Signature _____	