

**Yellowknife Tennis Club**  
**YOUTH (U-15) MEMBERSHIP FORM**  
Period of Membership: May 2011 to April 2012

**PLAYER (1) INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F  
Birthdate: \_\_\_\_\_ Health Care Number: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_

**PLAYER (2) INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F  
Birthdate: \_\_\_\_\_ Health Care Number: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_

Additional family members please use back of this form.

**PARENT/GUARDIAN INFORMATION**

Parents/Guardians Name: \_\_\_\_\_ Address: \_\_\_\_\_ X1A \_\_\_\_\_.  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_.

**VOLUNTEER INFORMATION**

Our organization is a non-profit, volunteer organization that needs everyone's help to be successful. Please check off activities that you would assist with in order to contribute to the organization and benefit the club.

Fundraising \_\_\_\_ Bingos \_\_\_\_ Tournaments \_\_\_\_ Coaching \_\_\_\_ Other: \_\_\_\_\_

I am a person of the age of majority entitled to act on behalf of the player/s named herein. By enrolling this/these player/s, I am submitting to the rules and authority of the Yellowknife Tennis Club. I and the player/s named herein, understand that tennis is a physical and competitive sport involving the possibility of injury.

Parent/Guardian Signature: \_\_\_\_\_

**Office Use Only:**

Amount Due: Single Membership \$20.00 Family Membership \$30.00 Youth (U-15) No charge

Amount Paid \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Cheque # \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Please make cheque payable to the Yellowknife Tennis Club

**Yellowknife Tennis Club Receipt**

Date: \_\_\_\_\_ Received From: \_\_\_\_\_

\_\_\_\_\_ Dollars

\$ \_\_\_\_\_ Signature: \_\_\_\_\_

For Payment of Yellowknife Tennis Club Membership dues May 2011 to April 2012