

# YELLOWKNIFE TENNIS CLUB

## YOUTH/FAMILY MEMBERSHIP FORM    May 1, 2008 to Sept. 30, 2009

**PLAYER INFORMATION**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Birth date (m/d/y): \_\_\_\_\_ Sex: M/F  
 Medical conditions: \_\_\_\_\_ Health Care Number: \_\_\_\_\_

**PLAYER INFORMATION**

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 Medical conditions: \_\_\_\_\_ Health Care Number: \_\_\_\_\_ -

**PARENT/GUARDIAN INFORMATION**

Lives with : Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

**Mother's** name : \_\_\_\_\_ Address : \_\_\_\_\_ X1A \_\_\_\_\_

Home phone : \_\_\_\_\_ work phone : \_\_\_\_\_ E-mail : \_\_\_\_\_

**Father's** name : \_\_\_\_\_ Address : \_\_\_\_\_ X1A \_\_\_\_\_

Home phone : \_\_\_\_\_ work phone : \_\_\_\_\_ E-mail : \_\_\_\_\_

**For additional family members please use back of this form.**

**VOLUNTEER INFORMATION**

Our organization is a non-profit, volunteer organization that needs everyone's help to be successful. Please check off on this form any areas that you would like to contribute to the organization to benefit your child and the whole program.

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 them 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.*

*Father's signature : \_\_\_\_\_ Mother's signature : \_\_\_\_\_*

**Official use only**

Amount due : Single membership \$20.00                      Family membership \$30.00

Amount paid : \$ \_\_\_\_\_ cash : \_\_\_\_\_ cheque # : \_\_\_\_\_ Verified by : \_\_\_\_\_

Date \_\_\_\_\_

Please make cheque payable to Yellowknife Tennis Club

### YELLOWKNIFE TENNIS CLUB

Date \_\_\_\_\_

Received from \_\_\_\_\_

\_\_\_\_\_ Dollars

for payment of membership dues May 1, 2008 to Sept. 30, 2009,

\$ \_\_\_\_\_