



NON-MEMBER USTA APPLICATION/LIABILITY FORM

NAME _____ DATE _____

ADDRESS _____

PHONE _____ WORK _____ CELL _____

EMAIL _____

TEAM APPLYING FOR _____

**Must fill out a separate form for each team you wish to participate on.*

HAVE YOU EVER PLAYED ON AN ASRC USTA TEAM THIS CALANDER YEAR? Circle one: **Y / N**

IF YES, WHICH TEAM _____ WHAT YEAR? _____

NON-MEMBER GUIDELINES:

1. Please complete the application form and remit a check prior to team participation. Please make checks payable to *Almaden Swim and Racquet Club* for \$50 (Includes \$5.00 admin fee).
2. The fee is non-refundable once the application has been approved. The fee cannot be applied to future seasons.
3. Practice time at ASRC is limited to once-per-week during the sanctioned practice times designated for each USTA team. See the team captain for details.
4. The locker rooms and restrooms may be used by non-members during their USTA season.
5. You may take clinics with our tennis pros for member pricing during the season.
6. Please read and sign the release at the bottom of this form prior to participation.

non compliance with these guidelines may result in a \$50.00 penalty to be billed to your team, and revocation of your team status without refund for team fees.

"I have read and agree to comply with the above guidelines"

RELEASE OF LIABILITY: I hereby authorize the members and staff of Almaden Swim & Racquet Club (ASRC) to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the ASRC members and staff for any and all liability for any injuries or illness while at ASRC. I have no knowledge of any physical impairment that would be affected by my participation in the USTA non-member program or any associated program that I choose to participate in at ASRC. My signature on this waiver also states that I am covered by a medical insurance policy.

SIGNATURE: _____ DATE: _____