



## 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 CALENDAR 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 is not included with the fee. Non-Members are considered “guests” and must be signed in and accompanied by a member. Guest Fees apply.
4. The locker rooms and restrooms may be used by non-members during their USTA season.
5. Please read and sign the release at the bottom of this form prior to participation.

***Noncompliance 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: \_\_\_\_\_