

MINNETONKA TENNIS CLUB**ADULT MEMBERSHIP TYPE (circle one) Single, Family, Young Professional
Combo, Senior, Out of Town Single, Out of Town Family****APPLICANT INFORMATION**

| | | |
|------------------|-----------------------|--------------------|
| Name: | | |
| Date of birth: | Applicant Cell Phone: | Home/Work Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Email address: | Emergency Contact: | Preferred Hospital |

EMPLOYMENT INFORMATION

| | | |
|-------------------|---|----------------|
| Current employer: | | |
| Employer address: | How long? | |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary <i>(Please circle)</i> | Annual income: |

SPOUSE INFORMATION IF JOINT MEMBERSHIP

| | | |
|----------------|----------------|-------------|
| Name: | | |
| Date of birth: | Email address: | Cell Phone: |

SPOUSE EMPLOYMENT INFORMATION

| | | |
|-------------------|---|----------------|
| Current employer: | | |
| Employer address: | How long? | |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary <i>(Please circle)</i> | Annual income: |

CREDIT HISTORY (NO AMERICAN EXPRESS EXCEPTED) & DRIVERS LICENSE REFERENCE INFORMATION

| | | |
|------------------------|----------------------|-------------------------------------|
| Credit Card Type | Credit Card Number | Expiration Date & Verification Code |
| Drivers License State: | DL# | DL Expiration |
| Bank Account #: | Banking Institution: | Name on Account: |

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

| | |
|------|------|
| Name | Name |
| Name | Name |

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. ****I also give the representative(s) of Minnetonka Tennis Club and or Highland Management Company permission to automatically pay any unpaid portion of my bill if it becomes "past due" according to the payment due dates specified by either entity.*** Payments on account are due by the 26th of each month following the past month's activity. If payment is not received within 60 days of the previously closed period, the outstanding balance and automatic payment will be generated by ACH on the bank account noted on this application. Payments that are initiated due to "past due" status will carry with them a \$10 service charge for the transaction. If funds are not available in the bank account noted, I agree to have the payment of my account balanced charged on the credit card noted on this application. I further agree to provide on demand, to of Minnetonka Tennis Club, or its representative(s) a valid credit card should the one noted on this application expire or be canceled. If payment is not met, all membership privileges for all applicants will be terminated immediately. I (we) also agree to hold harmless Minnetonka Tennis Club and Highland Management or its representatives for any injury, personal harm or theft sustained by me (us) on its entire premises.

| | |
|--|-------|
| Signature of applicant: | Date: |
| Signature of spouse <i>(only if for a joint membership):</i> | Date: |

Physical Activity Readiness Questionnaire

Participant Name: _____

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

- Yes No

Do you feel pain in your chest when you do physical activity?

- Yes No

In the past month, have you had chest pain when you were not doing physical activity?

- Yes No

Do you lose your balance because of dizziness or do you ever lose consciousness?

- Yes No

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

- Yes No

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

- Yes No

Do you know of any other reason why you should not do physical activity?

- Yes No

I _____ assume all risk of personal injury including death and damage to personal property sustained while on the premises of Minnetonka Tennis Club before, during or after participation in any program organized or offered by the representatives of Minnetonka Tennis Club. I agree to defend, indemnify and hold the Minnetonka Tennis Club, and its directors, officers and employees harmless against any and all actions, suits and claims, demands, causes of action, proceedings, losses, costs, expenses, including without limitation all attorney's fees and disbursements, damages, liability and fines or penalties in any way arising out of the use of premises regardless of whether there is active or passive negligence or fault on the part of the Minnetonka Tennis Club. This PARQ will remain valid as long as you continue to participate in activities offered at Minnetonka Tennis Club. It is your responsibility to alert us to any medical changes that may affect your participation in our class offerings after the date noted below.

Dated: _____, 20_____

Signature of Participant _____