

# Membership Application: MARYLAND TABLE TENNIS CENTER

Type Membership: Adult \_\_\_ Junior (U18)/Student \_\_\_ Senior \_\_\_ Family \_\_\_ Limited Term \_\_\_

Length of Membership: \_\_\_\_\_ Months Start Date: \_\_\_/\_\_\_/\_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ M F (Circle one)

I am interested in the following:

Private Coaching \_\_\_ Group Classes \_\_\_ Leagues \_\_\_ Tournaments \_\_\_

I hereby assume all risk and responsibility for any and all activities at this club for myself as well as others in a family membership. I release all staff from any claims for injury or loss suffered due to my participation in club activities. I will abide by all rules and decisions of the club.

Signature \_\_\_\_\_

Parent or Guardian (if under 18) \_\_\_\_\_

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## FAMILY MEMBERSHIPS (Family membership consists of at least one adult and any number of family members residing at the same mailing address)

If Family Membership, how many? \_\_\_\_\_ Please list. If more than 4, use back of form.

1. \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ M F (Circle one)

2. \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ M F (Circle one)

3. \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ M F (Circle one)

4. \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ M F (Circle one)