Blairwood 2010 Summer Membership Registration

Saturday, May 29th – Monday, September 6th

To Register, please mail *or* fax this completed form with payment to: **Blairwood Tennis, Swim & Fitness Club**
9300 Blairwood Road ◆ Lou, KY 40222
Fax: 425-7918

MEMBERSHIP TYPE: **(please check ☑)**

- ☐ **Single** — **$210**
- ☐ **Couple or Parent & One Child** — **$315**
- ☐ **Family** — **$435 (Includes children 22 & under living at home)**

MEMBER INFORMATION: Please print and complete all areas.

Last Name:_____ First:_____ Birth Date:_____
Address:_____
City: _____ State:_____ Zip:_____
Home Phone: _____ Work:_____ Cell:_____
E-Mail Address:_____(Mandatory)

FAMILY MEMBERS:

Spouse:_____ Birth Date:_____
Child:_____ Birth Date:_____
Child:_____ Birth Date:_____
Child:_____ Birth Date:_____
Child:_____ Birth Date:_____
Child:_____ Birth Date:_____

Nanny/Babysitter: You may add a Nanny/Babysitter to your membership for a $100 fee – this includes use of the outdoor pool from May 29th – September 6th.

RELEASE FROM LIABILITY AND INDEMNIFICATION:

In consideration of being permitted to use the equipment and facilities at the Club, Member hereby assumes the risk of and releases the Club, any affiliated companies and their respective members, managers, agents and employees, from all such claims, demands, injuries, damages and actions of any nature whatsoever arising out of or in connection with the use of the equipment, facilities and common grounds at Club. Member understands that the equipment and facilities available for his/her use may require special and/or specific instructions for proper use. Member understands the Club provides instructors for proper exercise training and to learn use of the equipment. Member further assumes the risk and agrees that the Club shall have no liability for loss or theft of articles of clothing or personal property of the Member occurring at the Club.

Primary Member's Signature:_____ Date:_____

Spouse Signature:_____ Date:_____

PAYMENT: All Summer Membership dues must be paid with registration.

Type of payment (check √): ☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Credit Card #_____Exp Date:_____

Name of Cardholder:_____

I authorize Blairwood to charge the following amount to my credit card: $_____

_____ _____
Cardholder Signature **Date**