



EVERGREEN SQUASH CLUB OF WEST VANCOUVER

MEMBERSHIP APPLICATION FORM

FULL NAME: _____ CONTACT TEL: _____

FULL ADDRESS: _____

DATE OF BIRTH (mo/day/yr): _____ EMAIL: _____

Please circle: Male /Female **Membership Category (see p3)** _____

I, _____, hereby apply for membership in Evergreen Squash Club of West Vancouver. I agree to the following terms and conditions:

1. Privileges within the Club will not be available until the application has been approved and the required fees have been paid.
2. New members pay a one-time non-refundable initiation fee, as set by the set by the Board of Directors.
3. Membership of the Club is perpetual, but members can discontinue their membership or change their membership category before the start of the new membership year. This must be delivered in writing to the Club Manager before September 1.
4. Membership fees are payable for the full membership year which runs from September 1 to August 31. Members have the option to pay the membership fees monthly or annually, but dues are payable for the full membership year, regardless of the method of payment or frequency of use of the facilities. For new members, annual membership fees are pro-rated until August 31.

5. Membership fees are determined by the Board of Directors. Members will be informed of any changes to the fees before the start of each membership year.
6. Members agree to abide by the constitution, bylaws and all rules of the Club. These documents are available on the website of the Club (<https://evergreensquash.com/>) or from the Club manager.
7. In consideration for having access to and the use of the premises and facilities of the Club, members agree to assume all risks involved in such access and use. I hereby release and discharge the Evergreen Squash Club, its Directors, Club Pro and Assistant Pros, Club Manager, Sub Contractors and Agents, of any and all liability for any bodily injury, loss, or damage I may sustain as a consequence of such access and use. I acknowledge that I have read and understood this waiver of liability, that I am of the age of majority, and that my acceptance of this waiver is evidenced by my signature. I further acknowledge that this waiver shall remain in effect without the need for renewal for as long as I may have access to and the use of the premises.
8. The Club is not a licensed facility under Provincial liquor regulations.

Signature: _____ Date: _____

If a member is under 19:

Guardian Name: _____ Guardian Signature: _____

QUESTIONS: contact Cathy Coverton manager@evergreensquash.com

Tel: 604-787-3097

<p>For Office Use Only</p> <p>Effective date: _____</p> <p>Member number: _____</p> <p>FOB number: _____</p> <p>Membership category: _____</p>
