

GOLDEN RACQUETS TENNIS CLUB MEMBERSHIP APPLICATION

Please print this form, fill it in and mail
with a \$30 check payable to Golden Racquets to:
Golden Racquets C/O, 4404 Galesbury Lane, Chantilly VA 20151

Last Name	Call me (Nick Name)	Birth Date (MM/DD/YYYY)
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Street Address	City	St	Zip
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() _____ () _____
Phone Cell phone E-mail Required

USTA Tennis Rating: _____ or Self Rating: _____ (1 to 10 where 10 is good) & Years Played: _____

In case of emergency notify _____ Relationship _____ (_____) _____
Phone _____

IMPORTANT - PLEASE READ AND SIGN BELOW

Virginia Law: Fairfax County and its departments are immune to suits based on tortuous injury and, to a lesser intent; its employees are also covered by this immunity. Participants are advised to carry their own insurance when participating in recreation department programs.

Participants are required to perform strenuous physical activity and should be capable of doing so. It is recommended that a doctor's approval be obtained prior to becoming actively involved.

Release: I, the undersigned, verify that I am not under medical care that would prevent my participation in Golden Racquets; further I am a voluntary participant and as such, I assume all risks related to Golden Racquets and its officers and agents.

Signature: _____ Date: _____

NOTE: After processing this application, the GR Rating Committee will contact you to make an appointment to determine your GR tennis rating. Then, assuming you receive a rating of 3.0 or higher, you will be able to sub in specific GR tennis venues and eventually become a regular based upon your GR rating.