



KANATA TABLE TENNIS CLUB
MEMBERSHIP APPLICATION

SEASON 201 - 201

(Please Print)

Family Name: _____

First Name: _____

Address: _____

Telephone: _____

E-mail: _____

Over 18 years old yes [] no []

Emergency Contact:

Name: _____

Phone: _____

Membership Fee: \$ _____ cash [] cheque []

Paid to: _____

Skills that may assist the club: _____

Signature of the Member

Date

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KANATA TABLE TENNIS CLUB

MEMBERSHIP

(GENERAL TERMS)

I, _____ of the City of Ottawa herein acknowledge and agree that I joined the Kanata Table Tennis Club (herein after the “Club”) voluntarily and on my own free will.

I agree to observe all the rules and regulations of the Club including but without limiting the foregoing, to pay membership fees, while practicing the table-tennis game as a member of the Club at the Club’s facility or at any third parties’ facilities.

I herein further agree to waive any claims present or future, known or unknown and all claims, damages, expenses, penalties, and costs of any nature or kind whatsoever arising out of or relating to personal injury or such any other matters while practicing the table-tennis game as a player or observer at the Club’s facilities or at any third parties’ facilities. This shall be binding on all of the parties heirs, executors, administrators, successors and assigns.

Dated in Ottawa, this _____ day of _____.

Member:

Approved by: