

NEW ROCHELLE RACQUET CLUB

2550 Palmer Avenue, New Rochelle, New York 10801 – (914) 636-1003

MEMBERSHIP APPLICATION

Please enroll me as a member of the New Rochelle Racquet Club. The membership is for one year:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____

BUSINESS PHONE: () _____

RACQUETBALL _____ TENNIS * _____ (*Renewal only-NO NEW MEMBERS)

I agree to abide by the rules and regulations of the New Rochelle Racquet Club. The use of the facility is strictly at the players' risk. The club is not responsible for injuries, accidents or damage to personal property arising from normal athletic activities on the premises. Injuries arising from the interactions with other persons on the court are not the responsibility of the club. All members and their guests hereby specifically waive any claims for damages arising from their use of the club facilities.

I understand that I will be billed for all court cancellations not made 24 hours in advance.

New York State law requires certain health clubs to have a bond or other form of financial Security to protect members in the event the club closes. This club has posted the financial Security required by law. YOU MAY ASK A REPRESENTATIVE OF THE CLUB FOR PROOF OF THE CLUB'S COMPLIANCE WITH THIS LAW. YOU MAY ALSO OBTAIN THIS INFORMATION FROM THE NEW YORK STATE DEPARTMENT OF STATE, DIVISION OF LICENSING SERVICES, 162 WASHINGTON AVENUE, ALBANY NY 12231.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Membership Type: _____ Payment: _____

Renewal: _____ New Member: _____ Processed by: _____

Please make check payable to:

NEW ROCHELLE RACQUET CLUB