

2011



Membership

Application

January 1 thru December 31, 2011

ROCKLEDGE PARK RACQUET ASSOCIATION

P.O. BOX 560703
ROCKLEDGE, FL 32956-0703

Please fill out the following information. Circle whether Male or Female or Boy or Girl

INDIVIDUAL - \$20.00

FAMILY - \$30.00

Name M/F

ADDRESS:

Phone Number: _____

Name M/F

Name M/F

Name B/G

Name B/G

Name B/G

Name

E-MAIL ADDRESS:

THIS INFORMATION IS VERY IMPORTANT. ALL UPDATES, NEWSLETTERS, TOURNAMENTS, & SOCIALS WILL BE SENT BY EMAIL

Membership dues must be current to participate in any Rockledge Home League Play in order to comply with the Sanction Agreement between RPRRA and the Brevard County Parks & Recreation.

I AM AWARE THIS IS A NON-PROFIT ORGANIZATION FORMED TO PROMOTE TENNIS AT ALL LEVELS. I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, RELEASE FOREVER AND DISCHARGE THE ROCKLEDGE PARK RACQUET ASSOCIATION, Inc. THEIR AGENTS, SERVANTS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, MEMBERS, OFFICERS, AND ALL OTHER PERSONS OR BODIES CONNECTED WITH THE ROCKLEDGE PARK RACQUET ASSOCIATION, INC., FROM ALL AND ANY RIGHTS, CLAIMS, DEMANDS, AND ANY ACTIONS WHATSOEVER THAT I MAY HAVE FOR ANY LOSS, DAMAGE, OR INJURY SUSTAINED BY ME OR MINORS FOR WHOM I AM SIGNING OR THEIR EQUIPMENT DURING ANY ACTIVITY SPONSORED BY THE ROCKLEDGE PARK RACQUET ASSOCIATION, INC.

SIGNATURE _____

Applicant (Parent if minor is under 18 years of age)