

Cypress Park Tennis Center

MEMBERSHIP APPLICATION

Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Street Address or P.O. Box _____

City _____ State _____ Zip Code _____

Daytime Telephone (_____) _____ Evening Telephone (_____) _____

E-Mail Address _____

Occupation _____

Personal Data

Date of Birth _____

Level of Play _____

Family Data

Last Name _____ First _____

Date of Birth _____

Last Name _____ First _____

Date of Birth _____

Last Name _____ First _____

Date of Birth _____

Membership Categories

Check the category of membership for which you are applying. **All memberships subject to 6% sales tax.**

Cypress Park Tennis

Featuring membership privileges
at Cypress Park Tennis only:

_____ Family (up to four members) \$260

_____ Adult \$179

_____ Junior \$71

Cypress Park & Tennis Center Combination

Featuring membership privileges
at Cypress Park Tennis and the Tennis Center:

_____ Family (up to four members) \$721

_____ Adult \$578

_____ Junior \$232

Total Membership Fees Due \$ _____

Six guest passes given by _____

on date _____

*Member's signature is also required
on Release & Waiver on reverse side.*



City of Coral Springs

RELEASE AND WAIVER

In consideration of the permission granted by the City of Coral Springs to participate in the City of Coral Springs' **MEMBERSHIP PROGRAM AT CYPRESS PARK TENNIS** and any and all related events and activities, I, the undersigned for myself, my minor child, my heirs, assigns and administrators, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE CITY OF CORAL SPRINGS AND ITS AGENTS, OFFICERS AND EMPLOYEES** from all liability, to the undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of action, damages, losses and liabilities, costs, expenses and compensation on account of the death or injury to the person or property of family, and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my participation in this activity or event.

I certify and warrant that the participant is in good physical condition and able to participate in the above activity or event at said participant's own risk.

I HAVE CAREFULLY READ THE FOREGOING AND RELEASE AND WAIVER AND KNOW THE CONTENT THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER OF MY OWN FREE ACT.

This Release and Waiver contains the entire agreement between the undersigned and the City of Coral Springs and the terms of this Release and Waiver are contractual and not a mere recital.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____ ,
20____ .

By: _____

Signature of Member

Printed Name of Signatory

I asked the Signatory if he/she understood what is being signed.

Signature of Witness

