



Mike Ford Tennis Center at Fairhope Stimpson Park Membership Enrollment Application

Responsible Party Information

First Name	MI	Last Name
Current Address		Date of Birth:
City	State	ZIP Code
Home Phone	Cell Phone	Work Phone
e-mail Address (Important - Please Provide)		

Ethnic Origin (Optional)

() African-American/Black () Hispanic () Caucasian/White () Other

Membership Type

Type of Membership				
Resident () Non-Resident ()				
Type of Membership - Monthly				
() Single	() Couple	() Family	() Senior Single	() Senior Couple
Type of Membership - Resident 3 Month/Quarterly				
() Single	() Couple	() Family	() Senior Single	() Senior Couple
Type of Membership - Yearly				
() Single	() Couple	() Family	() Senior Single	() Senior Couple

Member Information

Name: First/MI/Last	Gender	Relationship	Birth Date

Emergency Contact

Name	Phone	Relationship
Employer/School		
Employer/School	Phone	
Address		

Payment Options

() Cash	() Check No.	() Credit Card Type:	Exp. Date
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Indemnity and Hold Harmless Agreement

I hereby indemnify and hold harmless the City of Fairhope, its agent, servants, and employees from any and all claims and cause of action that may arise from injury to me or third parties using the Mike Ford Tennis Center who are injured or suffer property damage that is in any way caused by the use of the Fairhope Recreation Center. This indemnity and hold harmless agreement is given to the City of Fairhope to protect the City and its agents, servants and employees from cost of defense and claims for injuries and damages that may be caused directly or indirectly by my use of the Mike Ford Tennis Center at Fairhope Stimpson Park.

Conditions of Membership

I acknowledge that the Conditions of Membership stated in the Mike Ford Tennis Center's Rules and Code of Conduct apply to myself and any minors or others listed above. The City of Fairhope reserves the right to suspend or cancel a membership when a member's behavior is judged to be in conflict with the welfare of other members or staff.

Signature of Applicant:			Date:
For Office Use Only	Member No.	Staff	Date