



TENNIS MEMBERSHIP AGREEMENT

WestFit

4 Littleton Road • Westford, MA 01886 (978) 692-7597

Join Date: ____/____/____ Key Tag #: _____ Membership Type: _____

Name: _____ Birth Date: ____/____/____ Gender: M or F (circle one)

Address: _____ Apartment #: _____

Town: _____ State: _____ Zip Code: _____

Home Phone:(____) _____ Mobile Phone:(____) _____ E-Mail: _____

Name: _____ Birth Date: ____/____/____ Gender: M or F (circle one)

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Office use ONLY

PAID IN FULL PROGRAM: Term Length: 12 Months Expiration Date: ____/____/____

Initiation Fee: \$ _____ + Membership Fee: \$ _____ = \$ _____

*Paid in full memberships are non-refundable

VISA MASTERCARD Print Name on Card: _____

MasterCard or VISA # - - - Exp. Date /

Card on file is required for all tennis memberships that include a Jr. tennis player or a guest profile. Card on file is optional for all adult membership types. WestFit reserves the right to automatically debit from the above authorized credit card for any unpaid services taken at WestFit. By signing below you agree to keep your account in good financial standing. If there is an outstanding balance you authorize WestFit to collect payment with the card on file.

I have read and accept the terms of the Payment Authorization: _____

Signature of Card Holder

Liability Waiver: I represent that I/we am/are in good physical condition and have no disability, impairment, or ailment preventing participation in the club's fitness and sports programs. The club urges every member to have a medical check up before participating in any of the club's programs. I/we recognize the risk of injury in any exercise program and am/are participating upon the express agreement and understanding that I/we are hereby waiving and releasing WestFit from and against any claims, costs, liabilities, loss of property, and injuries incurred while on these premises or while participating in WestFit sponsored activities. I/we have read, understood and agree to abide by the Rules and Regulations of WestFit.

WestFit reserves the right to close the facility during legal holidays as well as up to one (1) week per year for maintenance an/or renovation.

"CONSUMER'S RIGHT TO CANCELLATION" You may cancel this contract without any penalty or further obligation by causing a written notice of your cancellation to be sent by certified or registered United States mail within (3) business days of the date of this contract or the date of your receipt to: **WestFit Membership Services, 4 Littleton Road, Westford, MA 01886.**

***ADDITIONAL RIGHTS TO CANCELLATION"** You may also cancel this contract for any of the following reasons:

1. If upon doctor's written orders you cannot physically receive the services for a period in excess of (3) months. The contract will be placed on hold while unable to attend the facility and reactivated on your return.
2. If you move your current residence at time of joining more than 25 miles from WestFit. **PROOF OF RESIDENCE IS REQUIRED.**

I have read and understand the above guidelines: _____

Member / Guardian Signature

Staff Rep: _____