

City of Charleston—Department of Recreation

Charleston Tennis Center & Maybank Tennis Center

Tennis Annual Fee Application

Name: _____ Gender: _____ M _____ F _____ Date of Birth: _____/_____/_____
 Spouse's Name: _____ E-Mail: _____ USTA Rating: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Mobile: _____

Please make check payable to: City of Charleston
 And mail to: Charleston Tennis Center, 19 Farmfield Avenue, Charleston, SC 29407
 Visa and Mastercard accepted at both facilities....NO CASH please.

PLEASE CHECK ☒ MEMBER TYPE:

MEMBERSHIP OPTIONS FOR:

Charleston Tennis Center OR Maybank Tennis Center
 HARDCOURTS ONLY

MEMBERSHIP OPTIONS FOR:

Maybank Tennis Center
 CLAY COURTS (includes hardcourts)

Member Type	City Resident	CTC	MTC	Non-City Resident	CTC	MTC	Member Type	City Resident	MTC	Non-City Resident	MTC
ADULT	\$100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$200	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ADULT	\$240	<input checked="" type="checkbox"/>	\$480	<input checked="" type="checkbox"/>
SENIOR (60+)	\$70			\$140			SENIOR (60+)	\$210		\$420	
SEASONAL	\$50			\$100			NONE				

Notes:

- All annual memberships will run from the date that you join for one year. There is no need to prorate the fees.
- Seasonal memberships will run 4 months from the date that you join. This will allow you to complete a USTA league season.
- There are no memberships that cover both facilities or families. You will need to join individually.
- Now, all juniors age 18 & under play for free.
- Clay courts are located at Maybank Tennis Center only.
- Duration of USTA seasons are determined by USTA and may vary from year to year.
- Contact: CTC at 843-766-7401 or MTC at 843-406-8814 for further information.



Release of Liability for Minor Participants

Read before signing

IN CONSIDERATION OF _____, my minor child/ward ("my child"), being allowed to participate in any way in the City of Charleston, Department of Recreation program; travel on field trips, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X _____
(PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____
(PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED