



## Four Seasons Racquet Club Pool Only Membership Application

### Membership & Fees (effective January 1, 2019)

Circle One:	Full (3 month) Summer Rate	Auto Pay	PIF 5% Disc. (by 4/2)	New to FS 15% Disc
<b>Individual Adult</b>	<b>\$ 866.00</b>	<b>\$303.00</b>	<b>\$823.00</b>	<b>\$736.00</b>
<b>Additional Adult*</b>	<b>\$780.00</b>	<b>\$273.00</b>	<b>\$741.00</b>	<b>\$663.00</b>
<b>Juniors 18 and under**</b>	<b>\$300.00.</b>	<b>\$105.00</b>	<b>\$285.00</b>	<b>\$255.00</b>

\*In the same family and at the same address.      \*\* Each with one adult

**Name of each adult & junior applying for membership:**

	<u>Membership Fees</u>	
	Full Rate	Monthly Auto Pay
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total</b>	_____	_____
	<b>Final total</b>	_____

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Referred by \_\_\_\_\_

**Waiver of Liability and Assumption of Risk:** This waiver is a complete release of any responsibilities for injuries or damages sustained whether or not the member, guest or child was engaged in the pool or any other activity at the time of the injury.

**Participant/Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT OPTIONS AND GUIDELINES:** I understand that I am responsible for the full term of the membership that I have selected above and that memberships are not refundable or assignable.

( ) I agree to **pay in full by 4/2 with a credit card or check and receive a 5% discount, Please make checks** payable to Four Seasons Racquet Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

( ) After initial payment made at time of registration, I authorize Four Seasons Racquet Club to automatically charge my credit card in the monthly amounts of \$\_\_\_\_\_ over \_\_\_\_\_ months for a total of (membership rate + 5% processing fee) \$\_\_\_\_\_.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

( ) I am electing to open a FSRC house account and authorize FSRC to automatically charge my credit card on a monthly basis for activities billed to my Four Seasons Member account.

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown herein and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. If your payment fails to clear bank processing, a \$25 overdraft charge will be added to your account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* 5% discount applies only to full season membership and must be paid in full by April 2nd, 2019**