



# A.C. Nielsen Tennis Center

## 2026-27 Annual Membership Application

### Annual Membership

**SEPTEMBER 1, 2026 THROUGH AUGUST 31, 2027**

**Adult Fees:** \$175 Resident / \$275 Non-Resident | **Junior Fees:** \$80 Residents / \$140 Non-Resident

- » All tennis memberships are subject to established rules and regulations.
- » Abuse of your registered membership privilege may result in the withdrawal of your privilege. No refund for any cause.

Please list all family members seeking membership:

Name	Address	E-Mail Address	Phone	Age (if 17 yrs. or under)

### Americans with Disabilities Act (ADA)

Please check here if you need any accommodation, in accordance with the ADA, to effectively participate in an activity or at a facility. A staff member will contact you for more information. If you do not hear from us within two weeks prior to the start of a program, we encourage you to contact the Winnetka Park District at (847) 501-2040.

### Waiver and Release of All Claims and Assumption of Risk

Please read this waiver carefully and be aware that by continuing with this online registration and participating in the identified programs/activities, you will be expressly assuming all risk and all legal liability, and waiving and releasing all claims for any disease (including but not limited to contracting or spreading COVID-19), injury, damages, or loss that you, and your minor child/ward, might sustain as a result of participating in the above referenced programs and activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury and disease to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or losses, regardless of severity, my minor child/ward or I sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward, may have (or that might accrue to me or my child/ward) as a result of participating in these programs/activities against the Winnetka Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Park District). I do hereby fully release and forever discharge the Park District from any and all claims for disease, injuries, damages, or losses my minor child/ward, or I may have or which may accrue to me, my minor child/ward, or any other individuals arising out of, connected with, or in any way associated with these programs/ activities. Further, I do hereby indemnify, defend, and hold the Park District harmless from and against any and all claims, causes, injuries, damages and losses by third parties against the Park District arising from or in any way related to my or my child's/ward's participation in the identified programs/ activities described above. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online facsimile signature shall substitute for and have the same legal effect as my signature on an original form.

### Residency Policy

Recreation program residency rates apply to everyone who lives within Park District boundaries and pays Park District taxes. Non-residents pay an additional non-resident fee per program. Non-residents fees are the second fee shown in program descriptions.

### Photo/Video Policy

Photos and video footage are periodically taken of participants in a class, during a special event or at the Park District's parks and facilities. Please be aware that, by signing this waiver and release you are authorizing the Park District to use these photos and video footage for Park District advertising and promotion without your further permission and without any compensation to you. All photos/videos are property of the Park District. Please call the Marketing department at (847) 501-2044 for more information.

Participant's Name \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.

### Payment Information

Cash     Check     Credit Card (Visa, Mastercard, + Discover)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_