

Pass Number \_\_\_\_\_

**FAIRFIELD PARKS & RECREATION DEPARTMENT**

**TENNIS CENTER**

**SEASON PASSHOLDER APPLICATION 2009**

**(One Form Per Member)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ E mail Address \_\_\_\_\_

Adult Season Ticket \$150.00 \_\_\_\_\_ Senior 62 & Over \$110.00 \_\_\_\_\_

Junior 17 & Under \$50.00 \_\_\_\_\_ Non-Resident \$250.00 \_\_\_\_\_

**INJURY RELEASE**

I, the participant in the above-named program, or the parent/guardian of the above named child, who participates in the Fairfield Parks & Recreation Department's program, assume all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving may risks of injury. I do further release, absolve, indemnify and waive any claims against the Fairfield Parks & Recreation Department, its organizers, sponsors and any supervisors appointed by them.

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

**MEDICAL AUTHORIZATION**

I authorize the representatives of the Fairfield Parks & Recreation Department to act in my behalf for the purpose of obtaining emergency medical treatment for the registrant.

Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

Family Physician \_\_\_\_\_ Physicians Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Known allergies/medical conditions/medications/restrictions: \_\_\_\_\_  
\_\_\_\_\_

I further state that I have read the foregoing Medical Authorization and know and understand the content there of and freely sign the same on this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

Signature \_\_\_\_\_