

Marco Island Racquet Center  
City of Marco Island Parks and Recreation  
50 Bald Eagle Drive Marco Island Florida 34145  
(239) 394-5454



## Annual Membership Application

Name(s) \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Payments are Non-Refundable (Please Initial Here): \_\_\_\_\_

### **Make checks payable to the City of Marco Island.**

I agree to indemnify and hold harmless the City of Marco Island and any and all employees of the City of Marco Island against any and all claims by or on behalf of any person or legal entity arising from the Participants use of premises, and will further indemnify and hold harmless the City of Marco Island, its Department and employees, against performance of any agreements on the Participant's part, or arising from any act of negligence of the Participant, or any part of the Participant's agents, contractors, employees or licensees, and from and against all costs, attorney's fees, expenses and liabilities incurred in or about any claim or proceeding brought thereon, all to the extent of the city's liability under general law. The City reserves the right to deny registration, and to charge a fee where applicable, the Participant must adhere to all City Ordinances, Parks and Recreation and Racquet Center Rules and Regulations.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Participant(s) or Parent/Guardian if less than 18 years of age

### **OFFICIAL USE ONLY (STAFF)**

Type of membership:

- Adult
- Junior
- New
- Renewal
- Returning Member

Amount Paid \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card: \$ \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Entered in Book (date) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Entered in Computer (date) \_\_\_\_\_