

Old Farm Swim & Paddle Tennis Club, Inc.

1 Swim Club Way  
Rockville, MD 20852  
877-301-SWIM (7946)  
www.oldfarmpool.org

**Platform Tennis Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

2021 - 2022 Membership Fee: Individuals - **\$ 295.00** Family - **\$ 425.00**

By signing this application, I agree to abide by all the rules and regulations made by the Old Farm Swim & Paddle Tennis Club ("OF") management. I understand that a violation of said rules and regulations will give OF the unconditional right to revoke my membership without liability and/or refund of dues. I have read and agree to comply with all platform tennis and club rules. I further agree that OF will not be responsible for damage or destruction by fire, theft, diseases, or otherwise of any belongings left on club grounds. I understand that members must remove all personal belongings from club grounds after completing play. Any property remaining thereafter shall be deemed abandoned and may be disposed of by OF without liability. Management is not responsible for theft or damage to cars while on the club grounds. By executing this application the member hereby agrees to reimburse OF for any damages caused to the facilities of the club by the member. Costs of damages shall be payable by member to OF on demand. License is granted to members to park their respective vehicles at only designated areas.

**Please Note Before Signing:**

- a) ALL members and their guests accept *FULL* responsibility and risk of injury/COVID and are "playing at their own risk".
- b) Guests Players are not permitted without written consent of OF management.
- c) Application must be signed all players (individual or family members) and accompanied by full payment of the Membership Fee which is NON-REFUNDABLE. (Checks should be made out to "Old Farm Swim & Paddle Tennis Club, Inc.")

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Approval by OF: \_\_\_\_\_