



# ORANGE HUNT SWIM CLUB, INC. (OHSC) 2019 Limited Use Membership

Tennis Team Program

**This Limited Use Membership is intended for residents of the West Springfield community who wish solely to participate on a juniors tennis team and members of another Northern Virginia swim club that does NOT have a tennis team.**

- Membership starts June 1, 2019 and ends July 31, 2019.
- In order to be eligible for this membership, applicants must certify they are residents of Fairfax County or Alexandria and have a Family Membership with another NV pool/club.
- Limited Use Members may not participate on any other junior tennis team in the Northern Virginia Tennis League (NVTL)

**Membership includes:**

- Registration of family members in the 2019 OHSTC summer tennis team program. *(registration for practices/lessons is paid separately)*
- Use of the courts for the duration of the membership.

Family Last Name: _____	Membership #: _____ <i>(New members will be assigned a number)</i>	
Street Address: _____	Home Phone: _____	
City/State/Zip: _____	Home Club: _____	
<b>MEMBERSHIP CATEGORY</b>	<b>PRICE</b>	<b>AMOUNT DUE</b>
<input checked="" type="checkbox"/> Limited Use Tennis Program Membership	\$50.00	50.00
<u>Make check payable to:</u> <i>Orange Hunt Swim Club</i>	<b>TOTAL</b> \$ _____	
<u>To Pay by Credit Card:</u> Enter your email below to receive your billing statement and instructions for payment. A 4% processing fee will apply.	<u>Mail this completed form &amp; payment to:</u> <i>Orange Hunt Swim Club P. O. Box 2012 Springfield, VA 22152</i>	
Email: _____	<u>Paying by:</u> <input type="radio"/> Check (# _____) <input type="radio"/> Credit Card <input type="radio"/> Cash	
<p><b><u>Head of Household please confirm the following on behalf of the family membership:</u></b></p> <p><input type="checkbox"/> I hereby certify that I have reviewed the current bylaws and rules of OHSC (located at <a href="http://www.orangehunswimclub.org">www.orangehunswimclub.org</a>) and agree to abide by them.</p> <p><input type="checkbox"/> I consent to electronic communications and the use of email for formal correspondence from OHSC.</p> <p><b><u>OHSC Photo Opt-Out (Objection to Use of Photos and Other Images in OHSC Productions)</u></b></p> <p><input type="checkbox"/> I object to the release of any member's photo listed under our membership name, or voice in videotape, television, motion picture, audio recording, website, or still photograph production that will be produced by and available to the public from OHSC or the media (to the extent that access is within OHSC control during normal business hours).</p>		
<p><b>Signature:</b> _____ <b>Date:</b> _____</p>		
<b>QUESTIONS?</b> <u>Contact:</u> Membership Director <u>Email:</u> <a href="mailto:membership@orangehunswimclub.org">membership@orangehunswimclub.org</a> <u>Phone:</u> 571-337-8981	Next Page for Household Information!	

***OHSC will NOT deposit your payment unless accompanied by this completed form.***

HEAD(S) OF HOUSEHOLD		PHONE NUMBERS
1st Adult:	Name:	Cell:
	E-mail:	Work:
2nd Adult:	Name:	Cell:
	E-mail:	Work:

OHSC by-laws state membership privileges are extended to the member's immediate family only (defined as the head of the household, his/her spouse/significant other, children and other permanent members of the household). List only those individuals currently residing in your household that will be participating in the OHSC Tennis Team Program. Please print.

Name of <u>Players</u>	Relationship to Head of Household <i>(ex. son, daughter)</i>	Birthday <i>(ex. 2/23/03)</i>
1.		
2.		
3.		
4.		

Please list any additional immediate family members so that they may be able to participate in any other Tennis Program family activities.

Name of <u>Additional Family Members</u>	Relationship to Head of Household <i>(ex. son, daughter)</i>	Birthday <i>(if under 21)</i> <i>(ex. 2/23/03)</i>
1.		
2.		
3.		
4.		