

Rockledge Park Racquet Association (RPRA)

P.O. Box 560703

Rockledge, FL 32956-0703

www.pindertennis.net - rockledgepark6060@gmail.com

2024-2025 Membership Application

Full Year: August 1, 2024 through July 31, 2025

Fall Season: August 1, 2024 through December 31, 2024

Spring Season: January 1, 2025 through July 31, 2025

Please Check Membership Level:

<input type="checkbox"/>	<u>FAMILY – FULL YEAR</u>	\$180
<input type="checkbox"/>	<u>INDIVIDUAL – FULL YEAR</u>	\$130
<input type="checkbox"/>	<u>FAMILY - FALL or SPRING SEASON</u>	\$95
<input type="checkbox"/>	<u>INDIVIDUAL - FALL or SPRING</u>	\$70
<input type="checkbox"/>	<u>USTA SUMMER LEAGUES (April-July)</u>	\$40

Family and individual membership entitles all family members unlimited court time, reservations, unlimited SCTL and USTA league play, social events, and more.

NOTE: USTA SUMMER LEAGUES (April-June) is a short season membership for players who participate in USTA Summer Leagues ONLY and are not already RPRA Spring members.

FAMILY MEMBERS:

1. _____
Spouse/ partner
2. _____
3. _____
4. _____

Name

Address

Tel Number

email address (please print): _____

NOTE: Membership dues must be current to participate in Rockledge-Based League Play, in compliance with our insurance requirements and the Sanction Agreement between RPRA and Brevard County Parks & Recreation Department.

I AM AWARE THAT THIS IS A NON-PROFIT ORGANIZATION FORMED TO PROMOTE TENNIS AT ALL LEVELS. I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, RELEASE FOREVER AND DISCHARGE THE ROCKLEDGE PARK RACQUET ASSOCIATION, INC., THEIR AGENTS, SERVANTS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, MEMBERS, OFFICERS, AND ALL OTHER PERSONS OR BODIES CONNECTED WITH THE ROCKLEDGE PARK RACQUET ASSOCIATION, INC., FROM ALL AND ANY RIGHTS, CLAIMS, DEMANDS, AND ANY ACTIONS WHATSOEVER THAT I MAY HAVE FOR ANY LOSS, DAMAGE, OR INJURY SUSTAINED BY ME OR MINORS FOR WHOM I AM SIGNING OR THEIR EQUIPMENT DURING ANY ACTIVITY SPONSORED BY THE ROCKLEDGE PARK RACQUET ASSOCIATION, INC.

Signature _____ Date: _____

Applicant (Parent if under the age of 18)