# Little Neck Swim and Racquet Club, Inc.
# Membership Information

864 Little Neck Road * Virginia Beach, VA 23452
www.lnsrc.org --- 757-486-8714

❑Regular Membership ❑ Annual Membership

| Applicant's Name | Applicant's Telephone Number(s) | |
|---|---|---|
| | Home | Mobile |
| Spouse's Name | Work | Other |
| Home Street Address | 1. Child's Name & Date of Birth | |
| City State Zip | 2. Child's Name & Date of Birth | |
| Primary Email Address | 3. Child's Name & Date of Birth | |
| Alternate Email Address | 4. Child's Name & Date of Birth | |
| In case of emergency call: | 5. Child's Name & Date of Birth | |

By signing this form I acknowledge that I will abide by the club's Bylaws and Rules. I also agree to hold harmless and indemnify LNSRC and/or its officers, directors and employees from any claim of loss, injury, or damage sustained by any parties, including the reimbursement of reasonable attorney fees should LNSRC, its officers, directors or employees be named as a defendant in any legal action. I also acknowledge that by providing my email address I wish to receive LNSRC related emails. However, I may choice to opt-out at any time in the future by providing a written request to the club manager.

_____ _____ _____
**Date** **Print Name** **Signature**

For no monetary compensation, I hereby irrevocably consent to and authorize the use and reproduction by LNSRC, or anyone authorized by you, of any or all photographs which you have taken of me, my family or my property, negative or positive for any web, print or advertising purposes whatsoever, without any compensation to me. All film negatives and positives and electronic images and data, together with the prints shall constitute your property, solely and completely. _____
**Initials**

All members are required to have a LNSRC digital ID card. I understand this policy and I will have each member of my family take their picture at LNSRC. I further understand that I will not be able to use the facilities of the club without a digital ID card. _____
**Initials**

LNSRC publishs a membership directory with names, addresses, email addresses, and phone numbers of its members. I authorize my personal information to be included in the directory. _____
**Initials**

**Please check all activities for which you have an interest:**

- ☐ Swimming
- ☐ Youth Swim Team
- ☐ Monthly Youth Activities for 6th graders and above
- ☐ Youth Tennis Team
- ☐ Tennis (Level of Play: 3.0 or below ____ 3.5 ____ 4.0 ____ 4.5 or above _____)
- ☐ Other: (Please indicate activities which you would like the club to consider for the future.)
- ☐ Poker Nights
- ☐ Bridge Nights
- ☐ Monthly Youth Activities for 6th graders and above
- ☐ Wednesday Night Dinners on the Lawn (during the summer)

**Please check below if you are interested in volunteering:**

- ☐ Board Participation
- ☐ Committee Involvement

**I was referred to LNSRC by:** _____

**Please complete and enclose with a check payable to LNSRC, and mail to:**
**LNSRC 864 Little Neck Road, Virginia Beach, VA 23452**