

**MEMBERSHIP APPLICATION**

**Clayview Country Club, Inc.**

7990 North Farley Avenue    ♦    Kansas City, MO 64158    ♦    (816)781-7939    ♦    info@clayview.com

As a member of Clayview Country Club, Inc. I agree to abide by all club rules, regulations, and policies now in existence or which may herewith be adopted by the Ownership. Monthly membership dues will be automatically drafted from my account or charged to my credit card, and are as follows.

\_\_\_\_\_ **Family \$135.00 per month** \*Reserved for families and their children living at home.

\_\_\_\_\_ **Couple \$110.00 per month** (Ages 31 – 59) \*Reserved for members of Clayview without children.

\_\_\_\_\_ **Parent/Child \$105.00 per month** (1 Parent and 1 Child) \*Reserved for 1 parent and 1 child living together.

\_\_\_\_\_ **Millennial Couple or Family \$99.00 per month** \*Reserved for millennial couples/families (Both adults must be 30 years old or younger).

\_\_\_\_\_ **Single \$95.00 per month** \*Reserved for individuals 18-59 years of age.

\_\_\_\_\_ **Junior \$49.00 per month** \*Reserved for individuals 11-18 years old for TENNIS. \*\* *Reserved for children 12-18 years old for SWIM.* (Proof of student status is required.).

\_\_\_\_\_ **Senior Couple \$90.00 per month** \*Reserved for couples where both members are age 60 and up.

\_\_\_\_\_ **Senior Single \$75.00 per month** \*Reserved for individual members over 60 years of age.

\_\_\_\_\_ **Super Junior \$29.00 per month** \*This is a TENNIS-ONLY membership for individuals 4-10 years old who wish to enroll in the following classes:

- ✓ Beginner Red
- ✓ Code Red
- ✓ Code Orange

Who referred you?  _____
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*One-Time Enrollment Fee: \$100.00+tax* Due at time of sign up.  
12-Month Membership

**Member Names (Please Print):**

Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**Children's Names:**

Name	Date of Birth	Age	Grade/School

Have you previously been a member of Clayview Country Club (circle one)? Y N  
If yes, when did you join? \_\_\_\_\_ When was your membership terminated? \_\_\_\_\_  
I would like my membership to begin \_\_\_\_\_ (month) of \_\_\_\_\_ (year), for a period of \_\_\_\_\_ months.

IN CONSIDERATION of my child being permitted to participate in any way in the SWIM, TENNIS OR FITNESS activity ("Activity") I, on behalf of myself, my child, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of SWIM, TENNIS AND FITNESS Activities and that my child is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time my child's ability to continue to engage in such Activity, I will immediately discontinue my child's further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) SWIM, TENNIS OR FITNESS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my child's own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES my child may incur as a result of his/her participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE CLAYVIEW COUNTRY CLUB, its respective owners, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**Please initial the following:**

- \_\_\_\_\_ I am aware of and agree to pay all monthly membership dues and fees by the 5<sup>th</sup> of each month incurred at the Club by automatic bank draft or credit card charge. I understand that there is a 3% processing fee for the statement balance if I pay by credit card, and that there are no extra charges if I pay by automatic bank draft (EFT).
- \_\_\_\_\_ I agree to pay all dues I owe to Clayview Country Club, Inc. as well as any outstanding fees or charges by the 5<sup>th</sup> of each month or a \$25.00 late fee will apply.
- \_\_\_\_\_ I am aware that I can terminate my membership IN WRITING after my contract end date, \_\_\_\_\_. After the contract end date, my membership will roll over until my written cancellation. A minimum of 30 days cancellation notice is required. My membership will conclude at the end of the month following the month in which written cancellation is received. Non-usage of the Club and/or non-payment of dues are not proper methods of terminating my membership. **If you move thirty (30) or more miles away from the Club, then you may cancel your membership. You must provide us with proof of your new home such as a copy of the deed.** Please be advised that while we may occasionally allow non-members to use our Club facilities as a marketing opportunity to encourage new members, the 18-month return policy applies to preclude former members within this 18-month window from returning to use the Club facilities as a member or as a non-member.
- \_\_\_\_\_ In the event my membership is terminated for any reason, I may rejoin the Club provided I pay any dues not paid in the previous eighteen months.
- \_\_\_\_\_ I understand that I will have five days from the billing date each month to dispute any charges billed to my account before an automatic withdrawal or credit card charge is completed.
- \_\_\_\_\_ I understand that my family or I may be photographed while at Clayview Country Club and I hereby grant full permission to CCC to use any photograph, testimonial, likeness or any other record that CCC may create or produce for any legitimate purpose.

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

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

**Authorization Agreement  
Direct Payments (ACH Debits) and Credit Card Charges**

I (we) hereby authorize CLAYVIEW COUNTRY CLUB, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution or Credit Card Company named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH or credit card transactions to my (our) account must comply with the provisions of U.S. law.

**ACH Debits: (no processing fees)**

\_\_\_\_\_  
Financial Institution Name STATE

\_\_\_\_\_  
Routing/Transit Number Account Number

Type of Account:    \_\_\_\_\_ Checking    \_\_\_\_\_ Savings

----- **OR** -----

**Credit Card Charge: (Clayview adds a 3% processing fee to the monthly statement balance.)**

\_\_\_\_\_  
Credit Card Number Expiration Date

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Billing Address City, State Zip Code

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I also understand that I will have ten days from the billing date each month to dispute any charges billed to my account before an automatic withdrawal or credit card charge is completed.

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM IF USING ACH DEBIT**

**Membership is not valid without payment information on file.**