

**THE WOODBRIDGE CLUB
HIGH SCHOOL /COLLEGE MEMBERSHIP APPLICATION
10 Milhaven Road
Woodbridge CT 06525
203-397-2582
www.woodbridgeclub.org**

Kindly complete the following and return, with full payment, to The Woodbridge Club. Fees may be paid by credit card or check.

Date _____

First & Last Name of High School/College Applicant _____

Address _____ Town _____ Zip Code _____

Cell Phone _____ Date of Birth _____

Year in School as of coming September _____ School _____

E-Mail Address _____

First & Last Name of Parent(s) or Guardian _____

Address _____ Town _____ Zip Code _____

Please help us by providing the important contact information below:

Home Phone _____ Parent Cell Phone _____

E-Mail Address(es) _____

Required for all email communication, newsletters, regular billing, and credit card payment of fees.

Dues: \$800.00 plus 10% State dues tax (\$80.00) = \$880.00

The following are the conditions of this membership:

- **Membership is open only to individuals entering grade 9-12 as of September and college undergraduates age 21 and younger.**
- **Limited guest privileges as approved by management.**
- **The member may use all club facilities.**
- **Parent and applicant signature and release required.**
- **Parents are permitted on club grounds for transportation.**
- **All Club rules apply except as noted on this application. Violation of Club rules may result in loss of membership privileges. Membership fees are nonrefundable.**
- **Membership fees must be paid in full prior to using the Club facilities.**

(over)

The rules of the Woodbridge Club are for the protection and safety of members, their children, and guests. The Club requires that members are aware of The Woodbridge Club rules and comply with them. I have read The Woodbridge Club rules and agree to abide by them.

In signing below the applicant and the applicant's parent or guardian acknowledges that the use of the Woodbridge Club and/or its facilities is or can be inherently dangerous and does hereby release and discharge The Woodbridge Club, Inc. and its agents and/or employees from any and all claims, demands or actions, arising out of the use of or intended use of its facilities, services, or equipment, including, without limitation, any claim for personal injuries, resulting from or arising out of the negligence of The Woodbridge Club, Inc., its members, affiliates, agents or employees, or any other person at The Woodbridge Club, Inc.

The applicant's and his/her parent or guardian further agrees to accept full responsibility for all payments, late fees and/or any debt accrued as a result of application to the Woodbridge Club and (or) use of its facilities and services. The applicant and applicant's parent or guardian understands all bills will be sent by email unless regular billing by US mail is requested. Only members who receive bills by email are eligible for credit card payment.

_____ Please place an X on the line if you will be paying all membership fees by credit card.

_____ Please place an X on the line if you wish to receive paper bills by mail and pay by check.

Signature High School/College Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____