

# Springfield Senior GOLF Club

## 2024 Membership Application Form

### Member Benefits

- A one-year membership in the NCGA which includes GHIN handicapping, discounted green fees at Poppy Hills and Poppy Ridge, the annual NCGA Blue Book and a subscription to NCGA News.
- Online signup for golf events via our own website ([www.springgolf.org](http://www.springgolf.org))
- Weekly Scheduled Golf Play at Local Area Golf Courses (March 1 to Nov. 1)
- Membership Tournaments with Prizes
- NCGA Tournament Competition events
- Social Events plus our Annual End-of-Season Awards Gala  
(Membership fee includes the cost of the Gala event and dinner for the member)

Member Name \_\_\_\_\_

Please fill in all information below so we may confirm that our information for you is correct.

Address \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Previous GHIN # (if any) \_\_\_\_\_ Springfield Resident: Yes No

Non-Residents, please include the name of a club member sponsor: \_\_\_\_\_

(The Club Board will review the application to ensure resident to non-resident ratio is within the guidelines and the non-resident is at least 55 years old before the application is processed).

I hereby apply for membership in the Springfield Senior Golf Club and agree to observe and abide by all rules, regulations, and bylaws of the club. I understand the initial membership period is from the date of application and receipt of membership fee through December 31 for the year in which I apply. I must then re-apply and pay my dues before Jan 1 of the following year to continue my membership in the club.

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

**2024 MEMBERSHIP DUES: .....\$115.00/yr.**

Send or deliver the completed application with the Membership Fee (payable to Springfield Senior Golf Club) to:

Springfield Senior Golf Club  
c/o Club Treasurer, The  
Gables at Springfield 2801  
Springfield Drive, Rocklin, CA  
95765.



**ACKNOWLEDGMENT; GENERAL WAIVER/RELEASE; ASSUMPTION OF RISK (for All Offsite Activities)**

**ACKNOWLEDGEMENT:** By signing below, I acknowledge that the Springfield at Whitney Oaks Homeowners Association (“Association”), or one of its chartered clubs, is offering voluntary offsite activities or trips, and that I am participating in such activities or trips voluntarily with the understanding that the Association is contracting with independent third-parties vendors to provide transportation, accommodations, meals, entertainment, and other similar services as described below, or that I will be providing or arranging my own transportation or services.

**RELEASE:** The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), releases and holds harmless the Association, including respective officers, directors, employees, chartered clubs and agents (hereinafter, the “**RELEASED PARTIES**”) from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the “**RELEASED PARTIES**” in any way resulting from, arising out of, or in connection with my participation in any travel, or offsite trips, or offsite activities, facilitated, sponsored or arranged by the Association, including bus trips, tours, guides, lodging, dining, site visits, entertainment, transit, and all other activities associated with travel and offsite trips facilitated, sponsored or arranged by the Association (hereinafter, **ACTIVITIES**).

This Release extends to any and all claims I have or later may have against the “**RELEASED PARTIES**” resulting from or arising out of the **ACTIVITIES** whether or not such claims result from negligence on the part of any or all of the “**RELEASED PARTIES**” with respect to the **ACTIVITIES** or with respect to the conditions, qualifications, instructions, rules or procedures under which the **ACTIVITIES** are conducted or from any other cause, as well as claims arising from the facilities (and equipment and items therein) where the **ACTIVITIES** take place. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE “**RELEASED PARTIES**” FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE ACTIVITIES.

**ASSUMPTION OF RISK:** I am voluntarily participating in the **ACTIVITIES** and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the **ACTIVITIES**, including risks associated with the facilities, as listed above, where the **ACTIVITIES** take place.

By signing this release, I certify that I have read this release and fully understand it and that I am not relying on any statements or representations made by the “**RELEASED PARTIES.**”

**THIS IS A RELEASE - READ BEFORE SIGNING**

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED TO THE ASSOCIATION STAFF**