

# Membership Form - Camrose Pickleball Club

(Please Print Clearly)

DATE (MMM DD, YYYY): \_\_\_\_\_ NEW MEMBERSHIP:

NAME: \_\_\_\_\_ RENEWAL:

STREET ADDRESS 1: \_\_\_\_\_

STREET ADDRESS 2: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ PCODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

SKILL RATING (SELF): \_\_\_\_\_ SKILL RATING (TOURNAMENT): \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

---

## ANNUAL MEMBERSHIP FEES

FOR 2017

\$20 - ADULT

\$10 - YOUTH (18 YRS OR UNDER)

CASH  CHEQUE \_\_\_\_\_

---

PLEASE **INITIALIZE** EACH OF THE FOLLOWING STATEMENTS TO INDICATE YOUR AGREEMENT AND ACKNOWLEDGEMENT OF THESE STATEMENTS.

**RELEASE AND WAIVER OF LIABILITY AGREEMENT:** I am aware that pickleball activities are **hazardous activities** that could result in serious injury or death. I am voluntarily participating in the activity of pickleball with knowledge of the danger involved and agree to assume any and all risks of bodily injury, known or unknown.

\_\_\_\_\_

**USE OF PHOTOGRAPHS ACKNOWLEDGEMENT:** I am aware that all activities of the Club are '**public activities**' and photographs taken at these activities may be used in Club publications (on the Internet or on paper) without my specific approval.  
The Club will not use last names to identify any participants.

\_\_\_\_\_

**SCENT-FREE ENVIRONMENT ACKNOWLEDGEMENT:** I am aware that the Club has a '**scent-free**' policy. Some members are allergic or sensitive to scents. To keep our sport enjoyable and healthy for all members we ask everyone to refrain from wearing colognes and perfumes while attending any Club activity.

\_\_\_\_\_

**BYLAWS AND POLICIES:** I am aware that the Club has Bylaws and Policies. I agree to abide by the Bylaws and Policies that are set out by the club.

\_\_\_\_\_