

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): _____ DATE OF BIRTH: _____

ANNUAL MEMBERSHIP FEES

Expires April 30, 2019

\$25 - ADULT

\$12.50 - 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 & 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. _____