

WALNUT CREEK PICKLEBALL CLUB

MEMBERSHIP APPLICATION OR RENEWAL

Membership valid from January 1st through December 31st

Check One: New Member Renewal

Annual Membership Cost: Cash, Check or PayPal: \$60.00

Make check payable to **WC Pickleball Club**

Name: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Cell: (____)-_____ Male Female Date of Birth _____

Tournament or UTPR rating? _____ If not, list your skill level 1.0 to 5.0 _____

Emergency Contact Information: _____ Relationship: _____ Phone: (____)-_____

Check all items that apply:

- I would like to be included in the Online Directory with Member Only Access
- I would like to receive club emails about club news and upcoming events
- I am interested in serving on the Walnut Creek Pickleball Club Board
- I am interested in assisting with Club activities such as _____

Waiver of Liability

I understand that sporting activity presents a risk of injury. I hereby assume all risks of any injury that I may suffer, as a result of participating in any pickleball activity sponsored by the Walnut Creek Pickleball Club, and any activity whatsoever occurring on the premises of any pickleball facility that is in any way maintained by that club/association or supervised by it. I hereby waive and release all claims or causes of action that I may acquire against the Walnut Creek Pickleball Club, the Walnut Creek Recreation Department, their officers, members, representatives, and agents from all liability to me resulting from any injury I may suffer as a consequence of any alleged negligence of any such entities or persons in connection with the sponsorship and conduct of any such event or the maintenance or supervision of any pickleball activity. **This waiver of liability shall remain in effect so long as, and whenever I engage in any activities described herein. Your signature below indicates you have read and understand the waiver of liability.**

All members will follow the Code of Conduct of the USAPA and follow the rules of conduct governing membership.

Each member must sign below. Membership is subject to Board approval.

Signature: _____ Date: _____

PLEASE SEND THE SIGNED APPLICATION FORM AND CHECK TO MEMBERSHIP CHAIR:

KRISTIN LANHAM, 190 ARLENE DR, WALNUT CREEK CA 94595

OFFICE USE ONLY:

DATE: _____ PAYMENT AMOUNT: _____ CASH CHECK PAYPAL OFFICE INITIALS _____