

FOUNTAIN HILLS PICKLEBALL CLUB DUES & WAIVER 2017-2018

Name: _____
Address: _____
City: _____ State: _____
Email: _____
Cell: _____ Land Line: _____

Dues are effective from September 1- August 31. Dues and waiver form must be completed and signed and mailed with your check made out to:

" Fountain Hills PickleBall Club "
Mail to: Fountain Hills PickleBall Club
PO Box 19678 Fountain Hills AZ 85269

Member Dues 1 year \$40.00:

- CASH
- CHECK

Drop-in Fee- \$5.00

- CASH
- Check

Orientation Fee: \$15.00

- CASH
- CHECK

By signing I understand that no medical insurance is provided by the FHPBC (Fountain Hills Pickleball Club) and I agree to assume the risk of injury related to my participation or the participation of my dependents. I understand that there are inherent risks to which I may be exposed because of the level of activity of pickleball. I agree to make no claims against the FHPB Club or any of its organizers or volunteers for any injury or incident arising from this activity and that I am physically able to participate in this activity (pickleball). If I consent to any medical treatment while involved in this activity, I agree to pay for it. I also understand that the FHPB Club is not responsible for any lost or stolen articles.

SIGNATURE _____ DATE _____

SIGNATURE/PARENT/GUARDIAN _____ DATE _____

Revised 7/20/17

FOUNTAIN HILLS PICKLEBALL CLUB DUES & WAIVER 2017-2018

Name: _____
Address: _____
City: _____ State: _____
Email: _____
Cell: _____ Land Line: _____

Dues are effective from September 1- August 31. Dues and waiver form must be completed and signed and mailed with your check made out to:

" Fountain Hills PickleBall Club "
Mail to: Fountain Hills PickleBall Club
PO Box 19678 Fountain Hills AZ 85269

Member Dues 1 year \$40.00:

- CASH
- CHECK

Drop-in Fee- \$5.00

- CASH
- Check

Orientation Fee: \$15.00

- CASH
- CHECK

By signing I understand that no medical insurance is provided by the FHPBC (Fountain Hills Pickleball Club) and I agree to assume the risk of injury related to my participation or the participation of my dependents. I understand that there are inherent risks to which I may be exposed because of the level of activity of pickleball. I agree to make no claims against the FHPB Club or any of its organizers or volunteers for any injury or incident arising from this activity and that I am physically able to participate in this activity (pickleball). If I consent to any medical treatment while involved in this activity, I agree to pay for it. I also understand that the FHPB Club is not responsible for any lost or stolen articles.

SIGNATURE _____ DATE _____

SIGNATURE/PARENT/GUARDIAN _____ DATE _____

Revised 7/20/17