

FOUNTAIN HILLS PICKLEBALL CLUB DUES & WAIVER FOR YEAR _____

NAME _____

ADDRESS _____ City _____ State _____ Zip _____

E-MAIL _____ *Please Print*

CELL: _____ Land Line _____

Member Dues 1 year ___\$50 ___ CASH ___ CHECK
Drop-In Fee ___ \$ 5 ___ CASH ___ CHECK
Orientation Fee ___\$15 ___ CASH ___ CHECK
Returning Member ___ **New Member** ___ **USAPA Member** ___ Yes/No

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

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 8/18

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