

**FOUNTAIN HILLS PICKLEBALL CLUB DUES & WAIVER FOR YEAR \_\_\_\_\_**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
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

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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