SFS Pickleball Membership Form

Please provide the following information:

DATE: _____

NAME Last: _____ First: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:**_____

PHONE NUMBER:_____

EMAIL ADDRESS : _____

BIRTH YEAR: _____

HOME COURT: _____

EMERGENCY CONTACT Name: _____ Phone: _____

Please circle your skill level:

Novice Intermediate Advanced

If known, what is your Skill Rating? (Self-assessed, USAPA UTPR or DUPR): _____

Your primary interests (circle all that apply) :

Social / Competitive (i.e., local Round Robin play) / Tournaments / Player Development (drill clinics)

This agreement releases the organizers from all liability relating to injuries that may occur while playing Pickleball in the Stafford, Fredericksburg, and Spotsy (SFS) Pickleball Club. By signing this agreement, I agree to hold SFS Pickleball Club or any place that I play entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved with Pickleball. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all my rights to bring suit against SFS Pickleball Club for any reason. I will also make every effort to obey safety precautions as listed in writing and explained to me verbally. I will ask for clarification when needed.

I, _____ fully understand and agree to the above terms.
(Print Name)

Member Signature:	Date:

Membership dues are $7.00 annually or $18.00 for 3 years. Make checks payable to:

SFS Pickleball Club

Please mail this form to:

SFS Pickleball Club
c/o Kelly Rapkins, Treasurer
1611 Sunken Road
Fredericksburg, VA 22401

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