

**Jefferson City Pickleball Club**  
**NEW MEMBERS ONLY**

Please fill out the application **COMPLETELY**, *You may fill in information for 2 members if the members live at the same address. Send only one check for total membership cost. **Incomplete Applications will not be processed***

Dues are as follows (please read carefully and check the appropriate box below):

New Member: MBR #1  MBR #2  \$30 per member (July/June) Payment Method:  Cash  Check  PayPal

Life Membership: MBR #1  MBR #2  \$300 per member (1x fee ) Payment Method:  Cash  Check  PayPal

**Member #1 (please print all information)**

Full Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Mailing Address (City/State/Zip) \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ \*Digital Head Shot may be taken for handbook or can be submitted

Emergency Contact (name and phone#) \_\_\_\_\_

**Member #2 (please print all information)**

Full Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Mailing Address (City/State/Zip) \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ \*Digital Head Shot may be taken for handbook or can be submitted

Emergency Contact (name and phone#) \_\_\_\_\_

**For Tournament/Partnership/T-shirt Use Only (use member # to indicate choice if for 2 people)**

Male  Female  Age \_\_\_\_\_ T-Shirt Size: XS  S  M  L  XL  XXL  XXXL

**How would you like to participate in the club, check all that apply (use member # to indicate choice if for 2 people)**

- Serve on the Executive Board
- Serve on a committee
- Volunteer at tournaments and/or clinics
- Attend social events
- Participate in tournaments, leagues, clinics

Signature(s) signify that I/we accept all JCPC Rules, Policies, and Regulations as currently written, or changed from time to time (policy sheet attached). These can also be found in the JCPC handbook or on the club website.

**MBR #1**

**MBR#2**

**Date**

\_\_\_\_\_  
New Member(s) Signature(s) \*If under 18 yrs. of age signature of Parent/Guardian

***For Office use only***

<b>Exp. Date</b>	
<b>Amount</b>	
<b>Ck#/Cash</b>	
<b>Rec'd By</b>	
<b>Entered</b>	
<b>Initials</b>	

**Mail completed form and check to: Brian Douglas, 1404 Greg Ct, Jefferson City, MO 650101 \*573-634-8211**

**Jefferson City Pickleball Club**  
**MEMBER RELEASE FORMS**

**Club Liability Release Form**

I hereby release the Jefferson City Pickleball Club (JCPC) and their officers from any and all actions, cause of action, claims and demands, for, upon, or by reason of any damage, loss, personal injury or death which may be a result from or in connection with any participation of any nature in any of or in connection with my participation of any nature in any of the Jefferson City Pickleball Club (JCPC) activities. I understand that this release is binding upon me, my assigns, my personal representatives and heirs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Under age 18, Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**Photo Release Form**

I, \_\_\_\_\_, grant permission to Jefferson City Pickleball Club (JCPC), to use photographs of me for use on its website, advertisements, educational purposes or programs, or any other JCPC promotional literature.

I waive all rights to inspect or approve the photographs which may be used now or at any time in the future, on the JCPC website, advertisements, publications, or any other printed material whether known to me or not. I further waive any right to compensation of any kind, or royalties in connection with the use of the photographs.

I agree to release and hold harmless Jefferson City Pickleball Club and its representatives from any claims, liabilities or damages arising from the use of the photographs, including re-use, distortion, alteration or use in composite form whether intentional or not, that may occur in production of the finished product.

I am at least 18 years of age and competent to contract in my own name. If I am not 18 years old or not competent to contract in my own name, a parent or guardian has signed this authorization on my behalf. If this photo release is given on behalf of a child under 18 I understand that the child's name will not be published.

I have read and understand the contents of this release, and by my signature, I accept and agree to be bound by its terms.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Member Name or Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Email address/telephone # (optional)