

## Jefferson City Pickleball Club

### RENEWING 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):

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

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

**Member #1 (please print all – address/phone/etc. should be completed only if updating prior information)**

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

**Fill out changes only:** 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 \_\_\_\_\_

**Fill out changes only:** 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**

Renewing 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: Jefferson City Pickle Ball Club, PO Box 105241, Jefferson City, MO 65110**

**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 illness, 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 \_\_\_\_\_