

Jefferson City Pickleball Club
NEW MEMBERS ONLY – JULY 1, _____ JUNE 30, _____

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
 - Opt-out of receiving club t-shirt perk Opt-out of receiving 3 pickleballs perk
- (cost of items you opt-out of receiving will instead be applied to permanent courts fund)

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

Amount	
Ck#/Cash	
Rec'd By	
Date Entered	
Initials	

Mail completed form and check to: Jefferson City Pickleball Club, PO Box 105241, Jefferson City, MO 65110

Jefferson City Pickleball Club
MEMBER RELEASE FORMS – JULY 1, _____ JUNE 30, _____

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 _____

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)