MEMBERSHIP APPLICATION : VISION PICKLEBALL CLUB

Please Print

First Name: _____

Last Name: _____

Legal Name (if different): _____

Phone Number: _____

Email: _____

Emergency Contact:_____ Phone: _____

As a member, I understand that there are certain risks in any sport, and I will not hold any individual at the club, or the club itself, responsible for any injuries. I also understand that it is recommended to wear eyewear to protect my eyes from damage at the club.

I understand that I must show respect to all other players, and behave in an appropriate manner. **I WILL NOT COACH OTHER PLAYERS**, **UNLESS MY HELP IS REQUESTED**.

The annual membership fee is $120.00 and is valid from DECEMBER 1, 2024 to DECEMBER 31, 2025. The membership fee for renewals in 2026 and subsequent years will be due by DECEMBER 1. Please notify management of any important changes to the information on this sheet.

I have reviewed a current copy of our club rules and/or code of conduct.

Signature: _____ Date: _____

ADMIN SECTION: Membership Number: _____

CLUB SHIRT: M__ F__ DRY FIT__ COTTON__

SHIRT SIZE: SMALL __ MEDIUM __ LARGE __ XL __ 2XL __ 3XL __