



Surrey Pickleball Club Membership Application

PLEASE PRINT CLEARLY

DATE: ___/___/___
(dd / mm / yyyy)

MEMBERSHIP # _____ (club to assign)

Surname: _____ Given Name: _____

Male ___ Female ___

Street Address _____ Apt/Unit # _____

City _____ Prov. _____ Postal Code _____

Birthdate: ___/___/___
(optional) (dd / mm / yyyy)

Phone: _____ - _____

Email Address: _____

In checking this box and signing below I indicate I have read and understand the Surrey Pickleball Club's Vision and Mission Statement and by joining the Surrey Pickleball Club I support this Vision and Mission Statement.

In checking this box I acknowledge that the Surrey Pickleball Club may take pictures at functions and events and I approve of my picture being posted on their website and social media.

I understand that there are physical risks involved in playing pickleball including, but not limited to injury related to rapid movement, falling down, being hit by balls and/or paddles, collision with walls, nets and other players. I agree to be personally responsible for any injury I may receive and in the event of injury I agree to relieve the Surrey Pickleball Club and its members of any responsibility for that injury. By signing this document I will waive certain legal rights including the right to sue.

Signature: _____

Date: _____

Please print this form, fill it out and either give it to any Committee member.
