

Fauquier County Pickleball Association -- Guest Signup Form and Waiver of Liability

PLEASE PRINT

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Name _____ Age _____ (if under 18 years)
Street Address _____ City _____
State _____ ZIP _____ Home Phone _____
Cell Phone _____ e-mail address _____

I understand that the FCPA may assess members' annual dues to be set each January 1st. Currently the fee is \$10.00

Equipment requirements: Properly fitted court shoes (sneakers).

I am interested in participating with FCPA and wish to play pickleball as a guest. I understand that guest playing privileges are for a limited time (two game sessions).

Should I become a member I am interested in playing during the following times. This is NOT a commitment, but will be used by FCPA for planning purposes. Check ALL that apply:

Outdoor Season (May – October): (Monday and Wednesday evenings, 5PM – 8:30 PM) (Saturday mornings, 8 AM – Noon):

Monday _____ Wednesday _____ Saturday _____

In-Doors: (October – May): (9 AM – Noon) at Vint Hill Community Center. A Fauquier County court fee is required:

Monday _____ Wednesday _____ Friday _____

First Saturday of the month (6 – 9 PM) _____

How did you hear about (FCPA): _____

WAIVER OF LIABILITY

I hereby release and discharge the Fauquier County Pickleball Association and its officers, board of directors, members and volunteers from any and all actions, causes of action, claims & demands for, upon, or by reason of any damage, loss, personal injury or death which may result from or in connection with my participation of any nature in any of the Fauquier County Pickleball Association activities. I understand that this release is binding upon myself, my assigns, my personal representatives & heirs. I recognize that playing pickleball is a strenuous activity and that I participate in the association activities at my own risk. **I have read the Fauquier County pickleball Association By-Laws (found at www.fauquierpicklball.org) and I agree to accept them as the association's rules of governance.**

Signature: _____ Date: _____ Emergency Contact _____

If under age 18, Guardian Signature: _____

Please Note: Your contact information is used for association purposes only. It is not shared with outside organizations.

Questions: Contact Bob Najjar at rnajjar@comcast.net. Return completed forms to a member of the Board of Directors (Bob Najjar, Bob Moe, Susan Ramey, Randy Mantiply, Paul Schaya, Karen Gray, Michal Bruck, Charles Batcheler) or scan and e-mail to rnajjar@comcast.net.