

Fauquier County Pickleball Association -- Player Signup Form

Why join? We provide a strong voice in the community to advocate for pickleball resulting in reservation of court usage and places to play. We sponsor organized play at multiple venues for people to come together to enjoy the sport. We organize and sponsor social activities for the membership and families. We keep you informed with a website and local media. We offer free clinics for players to learn the strategy of the game. You are included under a liability insurance policy for club-sponsored pickleball.

I want to join the Fauquier County Pickleball Association (FCPA):

PLEASE PRINT

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. Additionally I agree to pay \$10.00, as my initial assessment.

I am interested in playing pickleball during the following times. Check ALL that apply:

Outdoors: (May – October): (Monday and Wednesday evenings, 5 – 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 usage fee is required:

Monday _____ Wednesday _____ Friday _____

Wednesday (8 – 10 PM) _____ 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.fauquierpickleball.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. Members occasionally get e-mail notification of schedules, events and also have access to club activities and information from the club website (www.fauquierpickleball.org).

Committee Interests: Social Publicity Fund Raising **Can Assist With:** Clinics New Player Orientation

Return completed forms to a member of the Board of Directors (Bob Najjar, Keith Gardner, Susan Ramey, Randy Mantiply, Bob Moe, Linda Fortunato) or scan and e-mail to rnajjar@comcast.net.