

## 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 \_\_\_\_\_

\*\* Morning hours are available when school is NOT in session (mid-June – mid-August)

In-Doors: (October – May): (9 AM – Noon) at Vint Hill Community Center. A Fauquier County court usage 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.fauquierpickleball.org](http://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](http://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, Bob Moe, Susan Ramey, Randy Mantiply, Karen Gray, Paul Schaya, Michael Bruck, Charles Batcheler) or scan and e-mail to [rnajjar@comcast.net](mailto:rnajjar@comcast.net).