

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 courts 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 through 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.

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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 _____
Email 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:**

1. Outdoor: (May – October) Auburn Middle School:

Monday and Wednesday evenings, 5 p.m. – 8:30 p.m.: Mon ____, Wed ____

Saturday mornings, 8 a.m. – noon: ____

Mornings, 8 a.m. – 11 a.m. when school is NOT in session (June – mid-August): Mon ____, Tues ____, Wed ____, Thu ____.

2. Indoor: (September – May): Vint Hill Community Center. (A Fauquier County court usage fee is required):

Mornings, 9 a.m. – noon: Monday ____, Tuesday ____, Wednesday ____, Friday ____

First Saturday of the month (October – April), pickleball social (6 p.m. – 9 p.m.) ____

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: _____

Privacy Notice: Your contact information is used for association purposes only. It is not shared with other persons, outside entities or organizations. Members will receive e-mail notifications of schedules, events and meetings. You have access to club activities and information from the association's website (www.fauquierpickleball.org).

Return completed forms and payment to: ROBERT NAJJAR, 6689 Suffield Lane, Warrenton, VA 20187: Make Checks payable to FCPA.