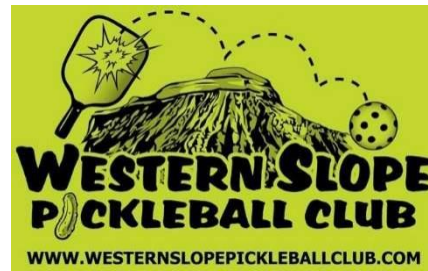


Membership is for one year
From Date Joined



YOUTH APPLICATION (17 & under)

Name: _____ Birthdate: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone #: _____

Email: _____

Emergency Contact Phone: _____

Waiver (must be signed): I, on behalf of the above-named child, hereby release and discharge the Western Slope Pickleball Club and its board of directors, officers, employees, agents, volunteers, and sponsors from any and all causes of action, claims and demands for property damage, monetary losses, medical expenses, personal injuries or death resulting from or in any way related to my child's participation in any Western Slope Pickleball Club activities and tournaments. I hereby consent to the Club's use of any photographs or videos taken of my child for future promotional and marketing purposes.

Parent/Guardian
Signature _____ **Date** _____

By filling out and signing this form, you confirm that you wish to be a member of the Western Slope Pickleball Club, participate in club events, receive communications from the club, and volunteer when possible with club activities. Please include payment of **\$20**.

Make checks payable to "Western Slope Pickleball Club."

Mail cash/checks to:
Western Slope Pickleball Club
Attn: Membership Director
PO Box 732
Grand Junction, CO 81502

Youth members may receive all the member benefits except they may not rent the Lobster Pickleball Machine, exercise a membership vote, or serve on the board of directors.