

June 2021 - May 2022 Club Year  
Membership Expires 5/31/22



## ADULT APPLICATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

**Waiver:** I hereby release and discharge the Western Slope Pickleball Club and their officers and volunteers from any and all actions, causes of action, claims and demands for, upon or by reason of any damages, loss, personal injury or death which may result from or in connection with my participation of any nature in any Western Slope Pickleball Club activities and tournaments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By filling out and returning 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 to assist with club activities. Please include payment of \$35. Make checks payable to "Western Slope Pickleball Club."

**Mail cash/checks to:**  
George Gerson, Membership Director  
289 Chinle Ct.  
Grand Junction, CO 81507