

June 2023 - May 2024 Club Year  
Membership Expires 5/31/24



## ADULT APPLICATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**Waiver (must be signed):** I 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 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 me for future promotional and marketing purposes.

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