

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



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/check to:
George Gerson, Membership Director
289 Chinle Ct.
Grand Junction, CO 81507

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.