

Brazos Valley Pickleball Association (BVPA) Membership Registration Form



MEMBER INFORMATION		
Last Name:	First Name:	
Mailing Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	
Email Address:		

EMERGENCY CONTACT PERSON	
Name:	Relationship:
Cell Phone:	Other Phone:

ADDITIONAL INFORMATION	
Date of Birth (Month/Year):	Gender: ___ Male ___ Female

PAYMENT INFORMATION			
<i>Member dues are \$40 per year (\$20 after June 30th) or \$5 per day. These fees help to pay for cost of equipment (nets, balls, floor markers, tape), fees for facility use, etc.</i>			
Date of Payment	Amount of Payment	Form of payment	Collected by

Release of Liability
 I, the undersigned, plan to participate in the Brazos Valley Pickleball Association’s (BVPA) activities: pickleball play and other activities hosted by BVPA. I hereby release the BVPA and each of its officers, players, all associates, and in addition, all venues used for practice and/or tournament play, from any and all liability as a result of any injuries which may occur during my participation. In addition, I fully understand that I am responsible for any and all medical expenses which may be incurred as a result of any accidental injuries.

_____ Initial

Photo Release
 I agree to grant to Brazos Valley Pickleball Association and its authorized representative’s permission to record on photography film, digital camera and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed or electronic materials used to promote BVPA, and further, that such use shall be without payment of fees, royalties, special credit or other compensation.

_____ Initial

Signature Date

