

# Brazos Valley Pickleball Association (BVPA) Membership Registration Form



MEMBER INFORMATION	
First Name:	
Last Name:	
City:	
Email:	
Cell Phone:	
Birth Year:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
EMERGENCY CONTACT MEMERGENCY CONTACT PERSON	
Name:	Relationship:
Cell Phone:	
PAYMENT INFORMATION	
<b>DUES SCHEDULE:</b> Annual (Jan thru Dec) - \$40.00 If joining after July 1st - \$20.00 If joining after October 1st - \$10.00	
Please include form and check made out to <b>Brazos Valley Pickleball Association</b> and submit to: Brazos Valley Pickleball % Brenda Watston, Treasurer 1511 Fairhaven Cove College Station, TX 77845	

**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

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Signature

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Date