

Signature

## CEDAR FALLS PICKLEBALL CLUB MEMBERSHIP FORM

Date

## www.cfpickleball.com

Member information:	
Name*:	
Address:	
City – Zip code:	
Phone number*:	
E-mail address*:	
Emergency contact name*:	
Emergency contact phone #*:  *this information is required!	
*this information is required!  Membership*: □ New member □ Current member/renewing membership  Age*: □ 14 years or older -> members must be 14 years or older	
Annual dues: \$25, MEMBERS MUST BE AGE 14 OR OLDER.  We cannot accept children under 14-yrs-old for membership at this time.  Make check payable to Cedar Falls Pickleball Club and mail completed form with dues to:  Bill Calhoun, 1614 Cherry Ln, Cedar Falls, IA 50613 or give to Mark Rhoades.  You may also pay through PayPal by going to our website <a href="www.CFPickleball.com">www.CFPickleball.com</a> under "Member You are not a member until you have paid your \$25 dues	pership".
Share information: I give permission to share my information with Cedar Falls Pickleball Club m	nembers:
YES 🗆 NO 🗆	
Photo release: Cedar Falls Pickleball Club may share photos from Club events on our Facebook * If you do not want your photo shared, please contact Mary O'Shaughnessy at <a href="mailto:oshaughne@gr">oshaughne@gr</a>	•
□ I agree	
Waiver: By signing I understand that no medical or liability insurance is provided by the CFPC (Cedar Falland I agree to assume the risk of injury related to my participation or the participation of my dependent that there are inherent risks to which I may be exposed because of the level of activity of pickleball. I agree to EFPC or any of its organizers or volunteers for any injury or incident arising from this am physically able to participate in this activity (pickleball). If I consent to any medical treatment while it activity, I agree to pay for it. I also understand that the CFPC is not responsible for any lost or stolen articles.	ts. I understand gree to make no activity and that I involved in this