



Foster City Pickleball Club Membership Application

Annual membership period: 12 months from date of receipt of application

Membership Open to Adults (age 18+)

Membership Rates	Residents (You live in a Foster City residence that you own or rent. Using a Foster City address that you do not reside in is prohibited.)	\$20
	Non-Residents	\$35

Enclosed \$ _____ Mail check payable to **Foster City Pickleball Club**, P.O. Box 4057, Foster City, CA 94404

PLEASE WRITE LEGIBLY

Information provided will be used for club purposes only and will not be made public. **All fields are required.**

First Name _____ Last Name _____

Email _____ Phone (____) _____

Residence Address _____ City/State _____ Zip _____
(Please use street address – not a P.O. Box)

Mailing Address _____ City/State _____ Zip _____

Please check which method you prefer us to contact you Email Text Message Phone (____) _____

All skill levels are welcome. To help us plan club events, please indicate your rating below. You may use your UTPR doubles or mixed doubles rating or self-rate according to the skill definitions at <https://usapickleball.org/tournaments/tournament-player-ratings/player-skill-rating-definitions/>

Just Starting
 2.5
 3.0
 3.5
 4.0
 4.5
 5.0+

Waiver and Release: I, the undersigned, hereby declare, that in consideration of my participation in any class, clinic or activity offered by the Foster City Pickleball Club, I agree to indemnify and hold harmless the Foster City Pickleball Club and hereby waive, release and discharge any and all claims for loss or damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the Foster City Pickleball Club, its officers, agents, members, and volunteers for any liability arising out of or connected in any way with my participation in this class, clinic, or activity (defined as the playing of and/or watching pickleball), even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. Among other things, I acknowledge that there is no guarantee that the courts, equipment, and playing surfaces are maintained to any particular standard, and that it is solely my responsibility to ensure that the courts, equipment, and playing surfaces are safe and not likely to cause me any injury or damage.

Further, I understand that the Foster City Pickleball Club, its officers, agents, members, and volunteers, are not responsible for the personal property of the participants in the class, clinic, or activity. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns.

In addition, I give permission to the Foster City Pickleball Club to use my image or likeness for promotional use in any Foster City Pickleball Club related media, including, but not limited to, photographs, videos, and digital media.

Your signature below indicates you agree to this waiver of liability.

Signature _____ Date: _____