



NAME _____ DATE _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ TELEPHONE _____

ANNUAL MEMBER DUES \$20.00 CASH _____ CHECK _____ ELECTRONIC _____

NOTE: Membership is annual and expires on 12/31. You must renew each year.

CODE OF CONDUCT: I acknowledge I have read and will abide by the Pickleball Code of Conduct: I will not engage in unsportsmanlike conduct or encourage others to do so. I will not engage in any behavior that would endanger the health, safety, or wellbeing of others. I will not engage in the use of obscene language or gestures. I will treat others with respect. I will exhibit fairness and honesty in my dealings with others. I will accept responsibility for my own actions. I will exemplify the highest standard in ethical behavior and fair play. I will engage in conduct that is free from fear, discrimination, abuse, and harassment. See <https://organmountainspickleballclub.com/pickleball-etiquette>

WAIVER: BY signing I understand that no medical insurance is provided by Organ Mountains Pickleball Club (OMPC) and I agree to assume all risk of injury related to my participation Or the participation of my dependents. I understand that there are inherent risks to which I may be exposed because of the level of activity in Pickleball. I agree to make no claims against OMPC nor any of its organizers or volunteers for any injury or incident arising from this activity. I declare that I am physically able to participate in Pickleball. If I consent to any medical treatment while involved in this activity, I agree to pay for it. I further understand that OMPC is not responsible for any lost or stolen article.

SIGNATURE _____ DATE _____

Mail completed form and Dues to: OMPC Treasurer, 595 N. Valley Drive, #71 Las Cruces, NM 88005