

PIPA / ESPIRE EMERGENCY CONTACT INFORMATION

2024

Member Name: _____

Emergency Contact: _____
Name Phone

☐ I agree to abide by Espire Sports, LLC posted rules and regulations and allow PIPA to share my name, phone number, email and emergency contact information with Espire Sports, LLC to verify membership and comply with Espire Sports, LLC requirements.

Signature: _____

Please fill out and submit with your membership application. All members must complete this form when signing up.