

Deland Shuffleboard Club Application

Date: ____/____/____

* Name: _____

Mailing Address: _____

* Telephone #: _____ (Mobile) _____

Email Address: _____

* Emergency Contact: _____ Telephone#: _____

How did you hear about us: _____

Please note: All applications are reviewed by the membership and by the Board of Directors for approval or denial.

Recognizing that accidents or injury can occur when shuffleboard is being played, I hereby release and agree to indemnify and save harmless, the Deland Shuffleboard Club, its directors, officers, and members from any and all claims or liability of any sort, from or due to sickness or injury to me, while present at the Deland shuffleboard facility or engaged in the customary activities of the club.

* Signature: _____ Date: ____/____/____

* Are you okay with having the information which you provided on this form, shared with other club members in the form of a club directory? Please check. YES _____ or NO _____

Only the items marked with an asterisk (*) are required on this form. All other information is optional.