YONAH MOUNTAIN PICKLEBALL CLUB NEW MEMBERSHIP APPLICATION

PO Box 174, Cleveland, Georgia 30528

Date_____

Name_____ Spouse/Partner _____

Address_____City_____Zip_____

Mobile Phone _____ Email: _____

Emergency Contact Name: _____Relationship _____Telephone_____

I/We hereby apply for the following membership:

( ) Single Membership Annual Dues: $20

( ) Joint Membership Annual Dues: $30

( ) Family Membership Annual Dues: $35

Method of payment:

( ) By Cash or check: Place payment in an envelope along with this application form, write your name on the outside, drop in the YMPC Drop Box in the Wellness Center lobby. A confirmation email will be sent.

( ) By Venmo or Paypal: Pay fee to YONAH MOUNTAIN PICKLEBALL CLUB. Drop off this application form in the YMPC Drop Box in the Wellness Center lobby.

( ) By check and US mail: Make checks payable to YMPC and mail the check and application form to Yonah Mountain Pickleball Club, PO Box 174, Cleveland GA 30528.

INFORMED CONSENT

As a participant, parent, guardian, or organization participating in a Yonah Mountain Pickleball Club, Inc. (YMPC) program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I, my children, or organization may have as a result of participating in a YMPC program against the Yonah Mountain Pickleball Club, Inc. its directors, agents, and volunteers from and against any and all claims, suites of actions, including attorney fees, sustained or caused by myself, my children, or organization arising out of, in connection with, or in any way associated with the activities of this program. If I have a child involved in a program provided by Yonah Mountain Pickleball, Inc., I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release, and forever discharge any and all claims against the Yonah Mountain Pickleball Club, Inc. and its directors, agents, and volunteers for damages and/or injuries which may arise from participation in said program. I hereby consent and authorize the Yonah Mountain Pickleball Club, Inc., its publishers, licensees, and assignees permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade, or advertising purposes. I also confirm that I waive all claims arising from such use for any compensation, damages, and invasion of privacy.

This application serves as a contract for the entire time of my membership, and I am responsible for all membership dues and charges for that period of time.

Signature: _____Date: _____

Yonah Mountain Pickleball Club, Inc. is a 501c3 Charitable Organization.