



**Bullhead Pickleball Club**  
**Membership Application/Renewal**  
**January 1, 2025 to December 31, 2025**

Renewing Member \_\_\_\_\_ New Member \_\_\_\_\_

Check membership type Individual \$25.00 \_\_\_\_\_ Couple \$40.00 \_\_\_\_\_

Couples must join at the same time to receive the discounted fee.  
Add \$10.00 to the "couple" membership fee for each additional family member. 18 years old or younger living in the same household.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_

BHC Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**For Couples & Families: List the names, email addresses and birthdays of your spouse and/or family members.**

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Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Agreement, Release & Waiver of Liability:**

I recognize and understand that there are certain inherent risks to which I will be exposed because of the nature and level of the sports activity which I have agreed to participate. I

understand and agree that Bullhead Pickleball Club (BHPC), their agents and officials assume no responsibility for injury or illness that I, or any additional family member, may sustain as a result of my physical condition or our participation in any BHPC events. I understand it is my responsibility to provide my own accident and health insurance coverage and that BHPC, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the BHPC to use and distribute, without limitation or obligation, any record of events which may include my voice or image. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless the BHPC, their agents, and officials from any manner of claims and lawsuits that may result from my participation, or the participation of any additional family members, in this sport.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to Bullhead Pickleball Club      Total Enclosed \$ \_\_\_\_\_

Return this form with dues payment to:

BPC Membership Application

P O Box 20023

Bullhead City, AZ 86439