



Bullhead Pickleball Club

Membership Application/Renewal

January 1, 2026 to December 31, 2026

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.

Emergency Contact _____ Cell Phone _____

BPC Code of Conduct:

Bullhead Pickleball Club (BPC) strives to maintain an atmosphere of good sportsmanship and respect for Club rules and procedures. Such an atmosphere is necessary for the smooth functioning of a busy pickleball club that attracts members and guests of varying ages, genders and skill levels. Conduct by individual members that does not meet appropriate standards detracts from the playing or observing experience of others and may harm the reputation of the Club. As a result, there is an expectation that all BPC members embrace the values of good sportsmanship.

My Commitment To BPC:

As a member of BPC, I understand I am representing the Club. As such, I acknowledge and agree to abide by the following:

1. I will exemplify the highest standard in ethical behavior and fair play by:
 - not engaging in unsportsmanlike conduct nor encourage others to do so
 - not using obscene gestures or language
 - not taunting or degrading others
2. I will:
 - treat others with kindness and respect
 - exhibit fairness and honesty
 - engage in conduct that is free from fear, discrimination, abuse and harassment
 - accept responsibility for my actions as well as those of guests and family members at events and/or open play

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 \$ _____

ZELLE Payments to: gvannatter25@gmail.com

Return this form with dues payment to:

BPC Membership Application
P O Box 20023 Bullhead City, AZ 86439