



**FOR COORDINATOR USE ONLY:**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose:**

🞏 Membership (Winter: $100)

**Payment Type (check one):**

🞏 Cash

🞏 Cheque

🞏 Other: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

www.pickleballhamilton.com

lkawamoto@pickleballhamilton.com

**Guest Waiver/Membership Form:**

**Winter 2019**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Already signed waiver and provided emergency contact information

- - - - - - ***OR*** - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**\*Please note:**

* 3 Guest Drop-Ins ($5 per drop-in) are allowed before membership is mandatory.
* Guest Fees will not be applied towards membership cost.

**Please fill out the fields below and sign:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pickleball Hamilton Association Waiver**

In return for being allowed to participate in Pickleball Hamilton Association programming, I release and agree not to sue Pickleball Hamilton Association, and their employees, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my involvement in Pickleball Hamilton Association programming and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of Pickleball Hamilton Association programming, even if caused by their ordinary negligence. I certify that I am in good physical health, and may participate in strenuous and physically-demanding activities, including the pickleball activities offered by the Association. I also agree to indemnify and hold harmless those listed above for all claims arising out of my involvement in the Association and all related activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the province in which the Association is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

By signing this form, I am allowing Pickleball Hamilton permission to contact me via email/phone regarding updates and news related to the operation of Pickleball Hamilton.

**Participant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed Application can be mailed to 36 Jay Street., Hamilton, ON L94 4X8 or emailed to lkawamoto@pickleballhamilton.com.**