



# Membership Application

Date Joined: \_\_\_\_\_

Renewal: \_\_\_\_\_ Update Info \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Association Dues - \$25 Enclosed \$ \_\_\_\_\_ Check# \_\_\_\_\_ PayPal \_\_\_\_\_

I would also like to include a tax-deductible donation of \$ \_\_\_\_\_ to go toward Phase II of Frontier Pickleball Complex. *Note PBATF EIN#: 47-4385404 for your records.*

**DECLARATION:** By my submission of this application, I agree to support Pickleball Association of Twin Falls (PBA) in furthering its purposes, policies and goals. I have read and agree to abide by the PBA Code of Conduct during organized play and at other PBA functions. My personal information is personal and confidential. I understand it is the policy of PBA to not release my information to anyone without my expressed permission; that my information will not be used by PBA except for PBA related purposes. I agree and understand that only my name, email and phone may be shared with the venue where I play (City Parks & Rec office).

*I may opt out of having any information shared other than my name on the roster data base by initialing here \_\_\_\_\_*

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

<p>I would be interested in helping PBATF by serving as an officer, on the board or a committee? (Please state: court host, training, social/event planning, marketing. . .)</p>	
<p>I have skills or experience that could benefit PBATF (consultant, teacher, web design, graphic arts, photoshop, bookkeeping, event planning, accounting, computer, printing, fund raising, marketing, court/equipment repair &amp; maintenance, . . .)</p>	
<p>I would like to help PBA in another way (please state)</p>	

*(Please read and sign Waiver & Code of Conduct on reverse side.)*

# WAIVER OF LIABILITY



I, \_\_\_\_\_  
Please Print acknowledge that pickleball is a strenuous physical activity, and it has inherent risks of injury, including without limitation, falls, head trauma due to falls, broken bones, sprains, cardiac arrest or aggravation of pre-existing injuries or illness.

Therefore, I hereby knowingly and voluntarily assume all risks and hazards incidental to the game and for any injury or death that may occur to me and waive any and all claims against Pickleball Association of Twin Falls, (PBA); any and all agreed-upon venues where they have scheduled play; and their officers and directors arising from my participation in pickleball, and I indemnify and hold harmless PBA and its officers and directors from any such liability or claims brought by me or on my behalf by any person, including the payment of reasonable attorney fees and costs.

**PLAYER'S SIGNATURE:** \_\_\_\_\_ *Date* \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Player:** \_\_\_\_\_

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## CODE OF CONDUCT

*All players, participants, officials, volunteers or spectators agree to observe the following Code:*

1. I will observe the rules of good sportsmanship (play fairly, be courteous, win and lose graciously) and by my example, encourage others to do so.
2. I will not engage in any behavior that would endanger the health, safety or well-being of others.
3. I will treat others with respect.
4. I will not engage in the use of profanity in any form.
5. I will exhibit fairness and honesty in my dealings with others.
6. I will not flaunt my knowledge or position.
7. I will use proper channels to resolve grievances, and not work counterproductive to the best interest of the Association, its purpose, policies, or members.
8. I will not use PBA records or materials for personal gain or for anything other than PBA related matters.
9. I will play by the rules established by USAPA and encourage others to do so.
10. I will observe the Golden Rule, doing to others as I would have them do to me.

*I have read the above Code and understand that it applies in all situations that relate directly or indirectly to PBA scheduled play, its sponsored and related activities. I understand violators will be asked to leave the courts, and PBA reserves the right to refuse admittance to anyone during PBA scheduled play. (The above Code was adapted with permission from the USAPA Code of Conduct.)*

**PLAYER'S SIGNATURE:** \_\_\_\_\_ *Date* \_\_\_\_\_