



PARKLAND PICKLEHEADS - CLUB
REGISTRATION FORM

PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION BELOW:

LAST NAME: _____ FIRST NAME: _____

GENDER: Male Female PHONE: _____

****EMAIL ADDRESS:**

PLEASE NOTE:EACH MEMBER **MUST** HAVE THEIR OWN, DEDICATED EMAIL ADDRESS, PLEASE PRINT CLEARLY!!!!
VALUABLE COMMUNICATION IS SENT VIA EMAIL**

STREET ADDRESS: _____ CITY/TOWN: _____

POSTAL: _____ DOB: _____/dd _____/mm _____/yyyy

Skill Level (IFP Guidelines): *Self Rating* _____ *Club Rating* _____ *Tournament Rating* _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____

**CLUB PARTICIPATION WILL INCLUDE A MINIMUM OF 4 HOURS OF VOLUNTEER TIME,
PLEASE ✓ 3 CHOICES BELOW, INDICATING PREFERENCES 1, 2, AND 3 FOR THE
VOLUNTEER OPPORTUNITIES AVAILABLE: TRAINING WILL BE PROVIDED!**

Club Special Events (Social Saturdays, BBQ's etc)

Volunteer Coordinator or Group (volunteer's preference, information provided)

Round Robin Captains Ladder Play Captains

Skills/Training Session Assistants: RR Mentor's

SignUpGenius Administrators: (Computer Entry & Setup) Court Maintenance help

Fundraising Shift Opportunities: Please select one or more of the following:

Farmers Day Canada Day Tournaments

Referee: Clinic Taken: Yes No Year Taken: _____ Clinic Required:

Tournament Line Judge : Training Received: Training Required:

Tournament Volunteer (assistance required in many areas)

****** PLEASE SEE REVERSE SIDE FOR WAIVERS, REGISTRATION FEE
INFORMATION, AND SIGNATURES REQUIRED. ******

Note: Club Fees Include Membership to BOTH Pickleball Alberta, AND Pickleball Canada, and you will receive periodic emails with information from both of these governing bodies for Pickleball in Canada.

✓ Please check to indicate you have read, and agree to the above statement:

Pickleball Canada Member # _____

PLEASE MAKE CHEQUES PAYABLE TO: PARKLAND PICKLEHEADS

(2018 Club Fee \$50.00)

Paid by: CASH

CHEQUE

ALL CLUB PARTICIPANTS MUST SIGN AND SUBMIT A WAIVER FORM, SEE BELOW:

I realize, understand, and accept that there are certain inherent risks to which I will be exposed, because of the nature and level of the sports activity for which I have registered. I understand and agree that PARKLAND PICKLEHEADS, PARKLAND PICKLEHEADS CLUB BOARD OF DIRECTORS, their agents and officials assume no responsibility for injury or illness I may sustain as a result of my physical condition or my participation in any SPORTS event. I understand it is my responsibility to provide my own Accident and Health coverage and that PARKLAND PICKLEHEADS, PARKLAND PICKLEHEADS BOARD OF DIRECTORS, their agents and officials, do not provide any accident or health insurance for their participants or volunteers.

SIGNATURE: _____ WAIVER DATE: _____

PLEASE SELECT:

YES, YOU MAY SHARE MY EMAIL ADDRESS WITH OTHER CLUB MEMBERS FOR THE PURPOSE OF
 ORGANIZING PICKLEBALL PLAY.

SIGNATURE: _____

NO, PLEASE DO NOT SHARE MY EMAIL ADDRESS WITH OTHER CLUB MEMBERS, I DO NOT WISH
 TO RECEIVE REQUESTS FROM OTHERS TO PLAY PICKLEBALL.