



2024 Lake Havasu City Pickleball Association

Membership Application / Renewal

January 1, 2024 to December 31, 2024

RENEWING Member

NEW Member add \$10.00 for EACH new member desiring a name tag

Check membership type: \$25.00 Individual \$40.00 Couple*

* Add \$10.00 to the "Couple" membership fee for each additional family member 18 years old or younger living in the same household applying for membership.

Member LAST Name _____

Member FIRST Name _____

Member Email Address: _____

Cell Phone: _____

Spouse LAST Name _____

Spouse FIRST Name _____

Spouse Email Address: _____

Cell Phone: _____

Member's Skill Level: (Beginner/Novice) (3.0) (3.5) (4.0) (4.5+)

Spouse's Skill Level: (Beginner/Novice) (3.0) (3.5) (4.0) (4.5+)

LHC Address: _____ LHC, AZ 864 _____
ZIP

HOME Address: _____
Street City State ZIP

Additional Family Member Information: _____

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 in which I have agreed to participate. I understand and agree that the LHCPBA, their agents and officials assume no responsibility for injury or illness that I, or any additional family members, may sustain as a result of my physical condition or our participation in any LHCPBA events. I understand it is my responsibility to provide my own accident and health insurance coverage and that LHCPBA, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the LHCPBA to use or 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 LHCPBA, their agents, and officials from any manner of claims or lawsuits that may result from my participation, or the participation of any additional family members, in this sport.

Signature: _____ Date: _____

Make Checks (U.S. Bank) payable to: LHCPBA

Membership Total Enclosed: \$ _____

Name Tag Total Enclosed: \$ _____

Give this form to any board member or mail with payment to:

Rodney Windhorst 1259 Kibbey Lane Lake Havasu City, AZ 86404

For more info go to: www.LakeHavasuPickleball.com