

FOSPC MEMBERSHIP REGISTRATION

Are you a Returning or New Member? * Returning Member New Member

First Name * _____ Last Name * _____

Email * _____ Address * _____

Mobile Phone * _____

Skill Level - Rating (If you do not know your level, please select 2.0) *

- 2.0 Beginner
- 2.5 Beginner - Intermediate
- 3.0 Intermediate
- 3.5 Intermediate - Advanced
- 4.0 Advanced
- 4.0+

Payment Method * (Registration is NOT complete until \$20 payment is received.)

- Mail to Mark Welshinger, 7851 E Fountain Cove, Mesa, AZ 85208
- In FOSPC Drop Box by Court

USA Pickleball Member?

- Please check if you are a USA Pickleball Member

Waiver Acceptance

By checking this box, I understand that no medical insurance is provided by the FOSPC (Fountain of the Sun Pickleball Club) and I agree to assume the risk of injury related to my participation or the participation of my dependents. I understand that there are inherent risks to which I may be exposed because of the level of activity of pickleball. I agree to make no claims against the FOSPC or any of its organizers or volunteers for any injury or incident arising from this activity and that I am physically able to participate in this activity (pickleball). If I consent to any medical treatment while involved in this activity, I agree to pay for it. I also understand that the FOSPC is not responsible for any lost or stolen articles. I also grant permission and consent to the FOSPC for the use of any photo(s) or video(s) of myself for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustrations, advertising and web content. I understand that no royalty, fee, payment, or other compensation shall be payable to me by reason of such use.

Comments...Suggestions...Compliments...

* Answer Required