



# 2017 Lake Havasu City Pickleball Association (LHCPBA)

## Membership Application



Valid January 1, 2017 to December 31, 2017

Make checks (U.S. Bank) payable to: **LHCPBA**

Check membership: \_\_\_\$20.00 Individual, \_\_\_\$30.00 Couple, \_\_\_\$40.00 Family

**Mail to:** Nancy Langen, Treasurer, 1778 Sage Lane, LHC, AZ 86403

PLEASE PRINT ALL INFORMATION

\_\_\_\_\_  
(Last Name) (First Name)

\_\_\_\_\_  
(LHC Address) Lake Havasu City Arizona 8640 (Zip)

\_\_\_\_\_  
(Home Address) (City) (State) (Zip)

\_\_\_\_\_  
(Email Address) Cell Phone Home Phone

Emergency Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

**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 may sustain as a result of my physical condition or my 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 in this sport.

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

Additional Member: \_\_\_\_\_  
(Name/Signature)

Additional Member: \_\_\_\_\_  
(Name/Signature)

Additional Donation: \_\_\_\_\_ Total Enclosed: \_\_\_\_\_

**For more info go to: [LakeHavasUPickleball.com](http://LakeHavasUPickleball.com)**