



# 2025 Lake Havasu City Pickleball Association

## Membership Application / Renewal

January 1, 2025 to December 31, 2025

**RENEWING Member(s)**

**NEW Member(s)**

**Please submit a \$25 check or \$25 cash for each individual membership**

please add **\$10.00** for **EACH** new member desiring a **LHCPBA** name tag

Member LAST Name \_\_\_\_\_ Member FIRST Name \_\_\_\_\_

Member Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Spouse LAST Name \_\_\_\_\_ Spouse FIRST Name \_\_\_\_\_

Spouse Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**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**