



# ABQ Pickleball Club

[www.abqpickleball.com](http://www.abqpickleball.com)  
[abqpickleball@gmail.com](mailto:abqpickleball@gmail.com)

PO Box 20846 Albuquerque, NM 87154

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone #: (Cell) \_\_\_\_\_ (Home/Alt) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

**Waiver (must be signed/agreed):** I hereby release and discharge the ABQ Pickleball Club and their officers and volunteers from any and all actions, causes of action, claims and demands for, upon, or by reason of any damages, loss, personal injury or death which may result from or in connection with my participation of any nature in any ABQ Pickleball Club activities. I hereby give permission for my picture and/or name to be used in promotional materials.

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

**I usually play at** \_\_\_\_\_ **Venue(s)**

There are no fees required to join the ABQ Pickleball Club. By filling out and returning this form, you confirm that you wish to be a member of the ABQ Pickleball Club, play pickleball and participate in pickleball events, receive communications from the Club, and volunteer when possible to assist with Club activities. You hereby give permission for your name to be added to the Club Roster, your email to the Club distribution list, and your picture to be published in promotional material or on the website.

#### Instructions:

- Save this form to your computer, then fill in the blanks on the computer and hit SUBMIT, OR
- Save this form to your computer, then fill in the blanks on the computer and print the form, OR
- Print this form and fill in the blanks by hand, THEN
- Sign the form AND
- Return the signed form to an Executive Team member or your Venue Coordinator OR
- Return the signed form by mail to ABQ Pickleball Club, PO Box 20846, Albuquerque, NM 87154.