



# BILLINGS PICKLEBALL ASSOCIATION MEMBERSHIP FORM



BillingsPickleball.org

Facebook.com/BillingsPickleballAssociation

**DUES:**        **Individual \$25    (good through June 30, 2023)**

**CHECK - Billings Pickleball Association, P.O. Box 794, Billings, MT 59103-0794**

**PAYPAL – please use friends and family option to billingspickleball@gmail.com**

**VENMO - @BillingsPickleballAssociation**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**Self Rating: Beginner 2.0 2.5 3.0 3.5 4.0 4.5 5.0 PLEASE CIRCLE ONE**

By signing I understand that no medical insurance is provided by the BPA (Billings Pickleball Association) 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 BPA 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. If I consent to any medical treatment while involved in this activity, I agree to pay for it. I also understand that the BPA is not responsible for any lost or stolen articles. **I also agree that my contact information can be made available to other members through a secure website portal (cross this line out if you don't agree).**

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR BPA USE ONLY**

Date Membership Dues Paid: \_\_\_\_\_ Check No: \_\_\_\_\_ Cash: \_\_\_\_\_