



2020 Calendar Year

Resident/Renter Membership Application and Liability Waiver

(one per member @ \$20.00)

NAME (print): _____ Male/Female _____

KP ADDRESS: _____

PREFERRED CONTACT PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Number of months in residence PER YEAR (1-12) _____ Skill Ranking (1-5/?) _____

Renewing Member _____ Fulltime _____ Own _____
New Member _____ Snowflake _____ Rent _____

Please give/mail completed waiver (and dues....\$20 per member) to:
Deborah Ann Cortese – 2226 Nantucket Dr. Sun City Center, FL 33573 – 901/647-1868, or
place in Suggestion Box at NORTH courtside. Make checks payable to King's Point Pickleball Club

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This is a required Membership Application and Release of Liability Statement for ALL members and their guests to participate in club activities and must be updated yearly.

In no event shall the King's Point Pickleball Club, its Officers, Directors, or Agents be liable for any special, incidental, or consequential damages of any kind, or for any damages whatsoever resulting from any member or guest's participation in the Club or any of its daily activities, tournaments, or special occasions.

Member's Signature: _____ Date: _____

I agree ___ do not agree ___ to have above contact info/skill ranking published.

Office use only		
Date entered: _____	Entered by: _____	Type of Payment: _____
Email to CD: _____	W/WB: _____	
Revised 8/03/2019		