

Trilogy at Vistancia Pickleball Club (T.V.P.C.)

Membership Application 2011-2012

Name: _____

Street Address: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Self appraisal of your level of play: Accomplished: Beginner:

Full time resident: Part time resident:

Days of the week that you would prefer to play: (Check and Circle)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Type of play you would be interested in: Doubles: Mixed Doubles: Singles:

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Annual Dues \$25.00 – Membership through 12/31/2011

Please make check payable to **Trilogy at Vistancia Community Association.**

You can drop off your application and check to club President, Mike Pagliarulo or Treasurer, Don Johnson. Or mail to: Mike Pagliarulo, 12676 W Peak View Rd, Peoria 85383.

Would you be willing to participate on a committee in support of our pickleball club? Yes

Please Publish Do Not Publish my Name, Phone, Email address in the Membership Roster

Please Order my name tag (add \$7.50 to the membership dues) with my name printed as below.

Questions: Contact Mike Pagliarulo: Cell: 623-243-0336 Email: mike.pagliarulo@gmail.com

AGREEMENT, RELEASE AND 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 Trilogy at Vistancia Pickleball Club and Shea Homes, Trilogy at Vistancia, their agents and officials assume no responsibility for injury or illness I may sustain as a result of my physical condition or my participation in any Trilogy at Vistancia Pickleball Club and Shea Homes, Trilogy at Vistancia event. I understand it is my responsibility to provide my own accident and health coverage and that Trilogy at Vistancia Pickleball Club and Shea Homes, Trilogy at Vistancia, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the Trilogy at Vistancia Pickleball Club and Shea Homes, Trilogy at Vistancia to use or distribute, without limitation or obligation, any record of the 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 Trilogy at Vistancia Pickleball Club and Shea Homes, Trilogy at Vistancia, their agents and officials from any manner of claims or lawsuits that may result from my participation in this sport.

SIGNATURE

DATE

PRINTED First and Last Name (This will be used for your name tag if ordered above)

Administrative: Dues Paid: Member #: _____ Post to: Member List: Mailing List: Tag