



2017

Resident/Renter Membership Application and Liability Waiver

(one per member @ \$20.00)

PRINT NAME: _____ Male/Female _____

KP ADDRESS: _____

CONTACT PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Renewing Member _____ Own _____ Fulltime _____
New Member _____ Rent _____ Snowbird _____

Number of months in residence _____

Please give/mail completed waiver (and dues) to:
Deborah Ann Cortese – 313 Knottwood Court (Knolls) – 901/647-1868, or
place in Suggestion Box at courtside. (Checks payable to King’s Point Pickleball Club \$20.00/member)

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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: _____

Office use only
Date entered: _____ Entered by: _____ Type of Payment: _____
Revised 10/20/2016