



WOODHAVEN Pickleball Membership Application

Applicant Information

Full Name: _____

Cell Phone: _____ Email: _____

Player Level: _____ (2.5, 3.0, 3.5, 4.0, 4.5, 5.0)

Names of Partner or other Family Member if joining with you:

Full Name: _____ Level: _____

Cell Phone: _____ Email: _____

Kids or Grand Children: _____

Membership Pricing (Circle One)

Single Membership – Per Month \$35

Single Membership – Annual \$100

Family Membership – Annual \$150

Guest Fee - \$5 (Per Guest, Per Day)

By signing below, Registrant understands and accepts that he or she is playing Pickleball at his or her own risk. Registrant hereby waives any claim of liability against Woodhaven Country Club/or Rhenn Ramirez. This waiver is a complete release of ant responsibility for injuries or damages sustained whether or not the Registrant was engaged in playing Picklball at the time of Injury.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Make checks out Payable to: Ramirez Racquet Sports Management)