



# 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                      \$100

Single Membership – Annual                              \$300

Family Membership – Annual                             \$400

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 Pickleball at the time of Injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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