

DEL NORTE TENNIS AND PICKLEBALL ASSOCIATION 2022 – 2023 PLAYER APPLICATION

Name	E-Mail
Phone-Home	Cell
Address	_CityZip
Emergency Contact Name	Phone

Liability Waiver:

I do hereby for myself, my heirs and executors waive and release and all rights and claims for damage against Del Norte Tennis and Pickleball Association for any and all injuries I may suffer in connection with my participation in a DNTAPA-sanctioned event at the Indoor Courts, the high school courts or the Peterson Park Courts. I do also certify I am in proper physical condition to participate in such activities.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASES AND INDEMNITY AGREEMENT

	Date
	Date
pility insurance.)	
2nd Choice Time:	Day of week
	(names)
), 11:30-1, 1-2:30, 2:30-4, 4	-5:30, 5:30-7PM
f Week	cludes liability insurance.) f Week 2nd Choice Time: 10-11:30, 11:30-1, 1-2:30, 2:30-4, 4 <i>le too.</i>

Make checks payable to DNTAPA and remit to: DNTAPA 900 Northcrest Drive, PMB# 167 Crescent City, CA 95531