Round Rock Parks and Recreation Department
Pickleball Complex
New Membership Form

301 W. Bagdad Avenue Suite 250,
Round Rock, Texas 78664
(512)218-5540
www.roundrockrecreation.com

"People dedicated and empowered to create a positive and memorable experience in people's lives."

Membership Types and Fees		
Type	**12 Months**	**1 Month**
Youth (up to 20 yrs.)	135.00	12.00
Adult (21-49 yrs.)	170.00	15.00
Senior (50 & over)	135.00	12.00
Current Driver's License required to verify account address		

Member Name: _____
First Middle Initial Last D.O.B.

Address: _____
House# Street Apt# City State Zip

Phone Numbers: _____
Home Work Cell

E-mail Address: _____
We respect your privacy. By giving us your email address we may send you registration confirmation and receipts of transactions. Email addresses also give you the ability to use our online registration system.

Parent/Emergency Contact Name & Number: _____

Last Name	First Name	Birthdate	M/F	Relationship to Member

I hereby acknowledge that this information is true and correct. I recognize that I am participating at my own risk to injury, and neither the City of Round Rock Parks and Recreation Department, nor its affiliates carry insurance to cover me or my immediate family. Insurance is the responsibility of the individual participant. This registration verifies that my health is acceptable to participate in this Parks and Recreation Department facility and that I do not hold the City of Round Rock Parks and Recreation Department or it's employees responsible for accident or injury. Also, I understand that due to scheduled programs and activities, access may be limited to components of the facility, which house the programs or activities. I understand and agree that photographs, videos, and other recordings of participants may be taken, and that such pictures or videos of me and/or my child may be used for promotional purposes. I acknowledge that I have carefully read and understand the terms of this waiver and release and by signing below I agree to the terms and conditions above. This Waiver and Release of Liability remains in effect for the duration of my active membership, applies to any renewals or extensions, and continues for one (1) year after my membership expires or terminates.. **Administrative fees may apply for all refunds and credits.**

Member's Signature: _____

Parent's Signature if under 18: _____

Date: _____

For Office Use Only
Membership Type:
Today's Date:
Payment Amount:
Form of Payment:
Employee Initials: