



YUCAIPA PICKLEBALL, INC.
MEMBERSHIP APPLICATION AND CODE OF CONDUCT
Membership for year ending June 30, 2022
(Please Print Legibly)

FULL LEGAL NAME _____ PREFERRED NAME _____

ADDRESS _____ CITY _____ STATE _____

CELL PHONE (_____) _____ EMAIL _____

I hereby apply for membership in Yucaipa Pickleball, Inc. (YPI). I pledge to support the mission and goals of YPI and to abide by the following code of conduct. I am aware that there is a risk of injury in any sport and I assume full responsibility for my safety. I also know that the risk of contracting COVID is ever present and I may be exposed to the virus by participating in activities organized by Yucaipa Pickleball and I will take that risk.

- I will demonstrate self-control and good sportsmanship to other players, both partners and opponents, officials, and to all YPI volunteers and spectators.
- I will treat all players, officials, volunteers, staff, and spectators with courtesy and respect.
- I will refrain from using foul language, obscene gestures, and other inappropriate behaviors.
- I will call close line calls to the benefit of my opponents.
- I will not argue line calls.
- I will follow all directions given by the Coordinator in charge without arguing or resisting.
- I will not move anyone else’s paddle in the paddle racks.
- I will refrain from trying to coach other players unless they ask me.
- I will pitch in and help to set up and tear down whenever possible.
- I will abide by the International Federation of Pickleball (IFP) rules and regulations.
- I will strive to positively reinforce and influence other players, encourage their growth, promote teamwork, and emphasize fun.

With my signature, I acknowledge that I have read, understand, and accept the terms of, and will do my best to fulfill the terms of this document. I understand that not upholding the terms of this code and agreement may result in removal from the Yucaipa Pickleball, Inc. program.

Signature _____ Date _____

Please check this box if you are not already on our mailing list and would like to receive the weekly newsletter.

For official use only.

Membership fee paid Amount Paid _____ Method of payment _____

Date approved by the Board of Directors _____ Membership Number _____