KELOWNA DISC GOLF ASSOCIATION



2020 MEMBERSHIP FORM

Name:	Phone Number:
Birthdate (DD/MM/YY)	Email:
Address (including postal code):	
*Please choose one of the follo	wing membership options:
 Yearly Club Membership Fee 	es: \$20
BCDS (British Columbia Disc Spo	owna Disc Golf Association members must hold current orts) Membership. This covers you for insurance at KDGA uesday League/Wednesday Doubles.
O Yearly Casual Player Member	ship Fees: \$5
British Columbia by becoming a	he KDGA you are supporting disc golf in Kelowna and casual member. With more membership province wide, eceive gaming grants and funding.
*Please choose payment type:	
o Cash	O E-transfer/Paypal to kdga@yahoo.ca
KDGA and BCDS Liability Waive	er
Sports (BCDS) from all liability relation BCDS-sanctioned events. By signin	na Disc Golf Association (KDGA) and British Columbia Disc ng to injuries that may occur during disc golf tournaments and g this agreement, I agree to hold the Kelowna Disc Golf from any liability, including financial responsibility for injuries ries are caused by negligence.
that all risks have been made clear to increase my likelihood of experienci By signing below I forfeit all right to BCDS for any reason. In return, I wil	ed in disc golf. I swear that I am participating voluntarily, and to me. Additionally, I do not have any conditions that will ng injuries while engaging in this activity. bring a suit against the Kelowna Disc Golf Association and/or I receive the ability to participate in Kelowna Disc Golf also make every effort to obey safety precautions. I will ask for
Signature:	Date:

This membership is valid from January 1, 2020 to December 31, 2020