

Membership Fairbanks Interior Table Tennis (FITT)

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____ Birthday: _____

Other Family Members (use back, if you need more room):

_____ age _____



LIABILITY WAIVER:

I (print full name) _____ agree to participate in Fairbanks Interior Table Tennis activities (FITT). I fully understand that I am responsible for any illness (including but not limited to COVID-19), injury, damage, dismemberment, or death attending any FITT activities. I also release Fairbanks Interior Table Tennis, University of Alaska, Fairbanks and all family members of above group, staff and volunteers from any liability while attending, participating or preparing for FITT activities. I agree to comply with all regulations set forth by FITT.

Participant signature _____ Date _____

If under 18 yrs, Parent or Legal Guardian Name: _____

By signing, I agree to the above Liability Waver for my child.

Parent's Signature _____

Parent phone: _____ Date _____

Yearly Membership Fees:

- Adults: \$10
 - Under 18: \$10
 - Family: \$35
 - Equipment Fund: _____
 - Donation: _____
- TOTAL:** _____

Return To: 1229 O'Connor Rd, Fairbanks, Alaska 99701