

Membership Fairbanks Interior Table Tennis (FITT)

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

E-Mail: _____ Birthday: _____

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

_____ age _____



In addition to playing, what areas would you like to participate?

- Help with a Tournament
- Equipment

Other

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 employees & 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 rules and regulations set forth by FITT. (These are available at the Club and posted on our website: <http://www.fitt-club.net/rules.html>)

Participant signature _____ date _____

If under 18 yrs, Parent or Legal Guardian Signature _____
date _____

Yearly Membership Fees:

- Per Player: \$10
- Family: \$35
- Donation: _____

TOTAL: _____

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