

Barr Road Sports Complex

213 Barr Road • Lexington, SC • 29072 • (803) 785-7588 • jsowell@lcrac.com

Pickleball Registration Form

\$35 Annual Access Pass

Ages 16 & Up

Name: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Estimated Skill Level: Beginner Intermediate Advanced

By signing, I acknowledge that I have read, understand, and agree to the following. Copies of all forms and waivers can be found online at LCRAC.com.

1. Concussion Information Sheet
2. Concussion Information
3. COVID-19 Return to Play
4. Medical Release
5. Participants of Minority Age
6. Refund Policy

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Only applicable if participant is less than 18yrs of age

Annual Access Pass (office use only)

Scan Card # _____ Expiration Date: _____

Paid: _____ Date: _____

Renewal Date: _____ Expiration Date: _____

Renewal Date: _____ Expiration Date: _____

