2012 Kentucky Deaf Disc Golf Association
Membership Registration Form

Name: _____
First **Last**

Mailing Address: _____
Street Address

_____
Additional Line

_____
City **State** **Zip Code**

Date of Birth: _____

Email Address: _____

Pager Address: _____

Text Number: _____

VP Number: _____

KDDGA Membership Number: _____

T-shirt Size (Men's Size) (Circle One): **S** **M** **L** **XL** **XXL** **XXXL**

Check one:

____ New Membership: $20.00

____ Renew Membership: $10.00

I hold blameless and fully release the Kentucky Deaf Disc Golf Association (KDDGA), city of all the disc golf courses, all of the parks, the KDDGA Officers, staff and any other individual associated with KDDGA's league tournaments held during the 2012 season from all liability for any personal damage or injury or personal loss I may incur before, during or after my participation in this event. I accept full and sole responsibility for any damage I may cause through negligence and/or malice, including, but not limited to, damages or injuries caused by my own throws of a golf disc.

Signature: _____ **Date:** _____

To register for the 2012 KDDGA membership, please fill out this form and mail it along with your membership fee to KDDGA at the following address:

KDDGA
PO Box 1584
Danville, KY 40423-1584

Please make sure that your money order or check is written to KDDGA.