



**BOW VALLEY PICKLEBALL ASSOCIATION**  
**YOUTH GENERAL REGISTRATION FORM**

Printed name of prospective youth member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of December 31): \_\_\_\_\_

Address: \_\_\_\_\_

Primary phone number of Youth: \_\_\_\_\_

Name of Responsible Adult (RA) #1: \_\_\_\_\_

Primary phone number of RA #1: \_\_\_\_\_

Name of Responsible Adult (RA) #2: \_\_\_\_\_

Primary phone number of RA #2: \_\_\_\_\_

Circle your current level of pickleball play: 3.0 3.5 4.0 4.5+

Level is based on:  DUPR rating

Tournament play

Formal evaluation by \_\_\_\_\_

Tell us about your background in pickleball: \_\_\_\_\_

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We encourage youth members to participate in all BVPA activities appropriate for their level of play.

We ask prospective Youth members and their Responsible Adult to review the policies of the BVPA on its website.

**We look forward to welcoming you to play with the BVPA.**