

**U.S. SQUASH and SEATTLE SQUASH RACQUETS ASSOCIATION  
MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Club \_\_\_\_\_ Level of Play (Please circle one)

**2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 -or- (A B C D Novice)**

\_\_\_ **\$75 SSRA + US Squash Adult Membership Fee**

\_\_\_ **\$55 SSRA + US Squash Junior Membership Fee**

**MEMBERSHIP  
BENEFITS**

- **Subscription to Squash Magazine**
- **Local Squash Newsletter**
- **Participation in City League**
- **Discounted Sanctioned Tournament Fee**
- **National Rating**
- **Local Rating**
- **Annual Yearbook/Roster**
- **Instructional & Referee Clinics**
- **Access to Squash Library**

Mail check to SSRA at:

**SSRA  
P. O. Box 665  
Seattle, WA 98111-0665**



Email: [webmaster@seattlesquash.com](mailto:webmaster@seattlesquash.com)

**MUST SIGN BELOW**

I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless the U.S. Squash Racquets Association ("U.S. SQUASH"), their servants, agents including District Associations, and employees from any and all claims and demands of every kind and character from injury to my person or damage to property as a result of my participation in U.S. SQUASH sanctioned events. I agree to carry primary medical insurance and abide by all U.S. SQUASH policies. I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

**Signature** \_\_\_\_\_ Parent or guardian signature needed if applicant is under 18.