

Chatham Community Center

Telephone 508-945-5175

www.chathamcommunitycenter.com

Upper Intermediate/Advanced Pickleball Monday and Friday 12-2 P.M.

Who: This program is open to intermediate/advance pickleball players.

When: Winter Session: January 21st - March 30th

Monday and Friday 12 - 2:00 P.M.

Location: Community Center Gym

Registration Fee: \$20 resident; \$30 non-resident

Please make checks payable to: "Town of Chatham"



Clip here and return

X X

Monday and Friday 12-2 PM Intermediate/Advanced Pickleball

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Street Address (required)

Town (Chatham, North, South, West, Other)

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

Street#/P.O. Box

Town

State

Zip

Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are there any allergies, medications or health issues that we should know about?

In consideration of your accepting my entry, I, the undersigned adult participant, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. Further, I give my permission to receive medical treatment in the event of injury while participating in the above named program. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver. I agree that pictures taken during program hours may be used for future promotional purposes.

Signature

Registration Form Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Paid: \_\_\_\_\_ Check #: \_\_\_\_\_