Chatham Community Center
Telephone 508-945-5175
www.chathamcommunitycenter.com

Pickleball T/TH 10 AM-12 PM

Who: This program is open to currently enrolled Tuesday/Thursday players from the Fall session who are residents of Chatham. If program doesn't fill**, non-residents may join starting March 14**.

When: Spring Session: April 5th – June 23rd
Tuesdays and Thursdays 10 A.M.– 12:00 P.M.
Location: Community Center Gym
Registration Fee: $10 resident; $15 non-resident
Please make checks payable to: "Town of Chatham"

Clip here and return X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X

T/TH 10-12 Spring Session 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.

_____ Date: _____
Signature

Registration Form Received By: _____ Date: _____ Paid: _____ Check #: _____