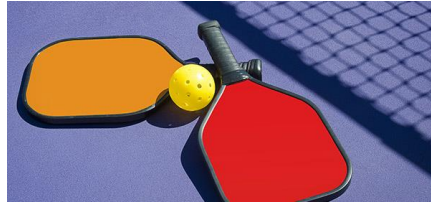


Chatham Community Center

Telephone 508-945-5175

www.chathamcommunitycenter.com



Pickleball Monday/Wednesday/Friday

Who: This program is open to Chatham residents.
****If program doesn't fill, non-residents may join starting September 9.**

When: Fall Session: September 19 - December 30th
(No Pickleball on October 10, November 11)

Please check the session (s) you would like to register for:

Monday/Wednesday/Friday 8 - 10 A.M. _____

Monday/Wednesday/Friday Intermediate/Advanced 10-12 P.M. _____

Location: Community Center Gym

Registration Fee per session: \$30 resident; \$45 non-resident

Please make checks payable to:
"Town of Chatham"

Registration begins September 2nd

Clip here and return X

Name: _____ **D.O.B.:** _____

Residential Address: _____

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**

Date: _____

Registration Form Received By: _____

Date: _____

Paid: _____ Check #: _____