



Department of Parks & Recreation
 Recreation Division
 101 Field Point Road, Greenwich, CT 06836-2540
 Phone: 203-618-7649 E-mail: recreation@greenwichct.org



2022 Summer Pickleball

Loughlin Avenue Park Courts, Cos Cob

ACTIVITY NUMBER: 21207

DESCRIPTION: Play pickleball this season at the outdoor pickleball courts at Loughlin Avenue Park in Cos Cob. This is a co-ed program for adults. **This is NOT an instructional program and is for intermediate to advanced level players with current or previous playing experience.** Group play times are segmented by level. **CANNOT PARTICIPATE IN BOTH INTERM. & ADV. LEVELS.** Court time is shared amongst all those registered to play. All participants must be registered; drop-in is not offered for outdoor play at Loughlin Avenue Park.

REGISTRATION:

- **Online:** Opens **Friday, April 1** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.gov/webtrac and sign-in to your account.
- **Mail-in for non-account holders/non-residents:** Begins **Friday, April 22** - application should not be postmarked earlier than April 22. Registration closes Friday, May 20 or when the program has filled; space is limited.

2022 Residency must be verified before completing this application. www.greenwichct.gov/residency

Non-residents: primary family member and all participating family members, over 25 years, must provide identification and proof of address. Participants under 25 years, require a copy of birth certificate, passport, or guardianship.

FEES

1 day per week	\$44, \$33 with Resident senior park pass
2 days per week	\$80, \$60 with Resident senior park pass
3 days per week	\$124, \$93 with Resident senior park pass

We accept all major credit cards for online registration. **There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing prior to the start of the program. There is a \$15 administrative fee for credits and a \$25 fee for any returned checks.**

If mailing and paying by check, **separate checks must be made for the amount of each enrollment day.**



Department of Parks & Recreation
 Recreation Division
 101 Field Point Road, Greenwich, CT 06836-2540
 Phone: 203-618-7649 - Fax: 203-622-6494

LOCATION: Loughlin Avenue Park, Cos Cob, CT 06807

SECTION NUMBER	DAY/TIME	DATES
P1 – Advanced P4 – Intermediate	Mondays: 10 a.m. – 11:30 a.m. Mondays: 11:30 a.m. – 1 p.m.	July: 4, 11, 18, 25 August: 1, 8, 15, 22, 29, Sept: 5; Rain date Sept. 12
P2 – Advanced P5 – Intermediate	Thursdays: 10 a.m. – 11:30 a.m. Thursdays: 11:30 a.m. – 1 p.m.	June: 30, July: 7, 14, 21, 28, August: 4, 11, 18, 25, Sept: 1; Rain date Sept. 8
P3 – Advanced P6 – Intermediate	Saturdays: 10 a.m. – 11:30 a.m. Saturdays: 11:30 a.m. – 1 p.m.	July: 2, 9, 16, 23, & 30, August: 6, 13, 20, 27, Sept.: 3.. Rain date Sept. 10.

Indicate preference: days of week and time to play: **CANNOT PARTICIPATE IN BOTH INTERM. & ADV. LEVELS**

Day	Time	Place check in box below to select
Mondays - Advanced	10 a.m. – 11:30 a.m.	
Mondays - Intermediate	11:30 a.m. – 1 p.m.	
Thursdays - Advanced	10 a.m. – 11:30 a.m.	
Thursdays – Intermediate	11:30 a.m. – 1 p.m.	
Saturdays - Advanced	10 a.m. – 11:30 a.m.	
Saturdays - Intermediate	11:30 a.m. – 1 p.m.	

NOTES:

- COVID 19 safety policies will be in effect as necessary and are subject to change.
- Players must wear sneakers while on the courts.
- Nets and balls are provided. Players must bring their own racquet.
- Weather and program updates will be available on our Recreation Sports website at: www.teamsideline.com/greenwichct. In addition, you can call the weather hotline at 203 - 861 - 6100.
- Make checks payable to: **Town of Greenwich.**
- If mailing and paying by check, **separate checks must be made for the amount of each enrollment day.**
- Send completed application with full payment to:

Summer Pickleball
 Department of Parks and Recreation
 P.O. Box 2540
 Greenwich, CT 06836-2540





2022 Adult Activity Program Registration

Email: recreation@greenwichct.org

	H/H #
---	-------

Program Name:	Activity #:	Section #:
Participant's Name:	Date of Birth:	
Address:		
City:	State:	Zip Code:
Cell Phone:	Email:	
In Case of Emergency:		
Name:	Phone:	Relationship:
List any physical restriction:		
Allergies:		

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above-named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____, 202_____.

Signature of Participant: _____
(or Parent or Guardian for participants under 18 years of age)



Date: ____/____/____	Check# _____	Receipt# _____	Proof _____	Initials _____
----------------------	--------------	----------------	-------------	----------------