2022 Adult Pickleball Instructional Clinic
Saturdays: Bendheim Western Greenwich Civic Center
449 Pemberwick Road, Greenwich, CT

ACTIVITY NUMBER: 41205

DESCRIPTION: FOR BEGINNERS NEW TO THE SPORT OF PICKLEBALL. Learn how to play one of the fastest growing sports! It is a combination of tennis, badminton and ping pong. Formal instruction for adults is offered over two sessions. Participants may enroll in one or both sessions. Only those registered may attend the instructional sessions; Drop-in players will not be permitted to the instructional sessions. Instruction will focus on the fundamentals of the game, review of the rules, and implementation in games. COVID-19 safety measures shall be in effect as necessary and are subject to change.

REGISTRATION:

- **Online**: Opens Monday, November 8 - online registration is only available to Greenwich residents. To register online go to [www.greenwichct.gov/webtrac](http://www.greenwichct.gov/webtrac), click on Racquet Sports and sign-in to your account.
- **Mail-in for residents**: Begins Monday, November 22 - application should not be postmarked earlier than November 22.
- **Mail-in for non-residents**: Begins Monday, December 6 - application should not be postmarked earlier than December 6.

  Registration closes when the program has filled; space is limited.

2021 Residency must be verified before completing this application. [www.greenwichct.gov/residency](http://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.

<table>
<thead>
<tr>
<th>SECTION</th>
<th>TIME</th>
<th>SESSIONS/DATES</th>
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<tbody>
<tr>
<td>C1</td>
<td>2:30 p.m. – 4 p.m.</td>
<td>January: 8, 15, 22, 29 &amp; February 5</td>
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<tr>
<td>Session I-Saturdays</td>
<td></td>
<td><em>(Snow Date: February 12)</em></td>
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<tr>
<td>C2</td>
<td>2:30 p.m. – 4 p.m.</td>
<td>February: 19, 26, March: 5, 12, &amp; 19</td>
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<tr>
<td>Session II-Saturdays</td>
<td></td>
<td><em>(Snow Date: March 26)</em></td>
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ENROLLMENT LIMIT: 16 per session

LOCATION: Bendheim Western Greenwich Civic – 449 Pemberwick Road, Greenwich, CT

STAFF: Director, Betsy Underhill and instructors.

FEES: $50 per session; payable to “Town of Greenwich”

We accept Visa, MasterCard, American Express, and Discover 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.

COMMENTS:

COVID-19 safety measures shall be in effect as necessary and are subject to change.

Must wear sneakers

All pickleball equipment will be provided. Players with their own racquet may bring it and it is recommended. Pickleball equipment borrowed will be sanitized before and after use.

For cancellation information go to our Recreation Sports website at www.teamsideline.com/greenwichct or call the weather hotline number at 203-861-6100.

If mailing, send completed application, full payment, and proofs (if needed) to:

Pickleball Clinic
Department of Parks and Recreation
P.O. Box 2540 Greenwich, CT 06836
Program Name **Winter Pickleball Clinic**  Activity # **41205**  Section(s) # ________________

Participant’s Name: ___________________________ Gender (M/F) ______________

Address_________________________________________ Town______________ Zip Code __________

Birth Date_________________________ Age __________

E-mail_________________________________________ Home Phone __________________________

Work Phone_________________________ Cell Phone __________________________

**In case of emergency notify the following:**

Name_________________________________________ Phone______________ Relationship: ______________

List Physical Restriction(s):________________________________________


**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:

________________________________________

**OFFICE USE ONLY**

HH # ______  Check # ______  Receipt # ______  Proof ______  Initials ______