



2020 Adult Pickleball Instructional Clinic

Saturdays: Eastern Greenwich Civic Center

ACTIVITY NUMBER: 41205

DESCRIPTION: Learn how to play one of the fastest growing sports in America! 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. Those that progress quickly will receive more intermediate instruction and will be grouped accordingly.

REGISTRATION:

- **Online: Monday, November 11** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.gov/webtrac and select "Activity Registration."
- **Mail-in: Monday, November 25** - application should not be postmarked earlier than November 25.
- **In-person: Monday, December 9** at the Parks and Recreation Office. Non-residents may sign-up starting Monday, December 9.

Greenwich residents are required to provide proof of residency once per calendar year for all Parks and Recreation programs.

The primary family member is required to provide two current proofs of Greenwich residency. Family members participating in this program who are over 25 years of age require one current proof of Greenwich residency.

Acceptable proof documents with resident name, date and Greenwich address are as follows: Residential Lease; Utility bill (Gas, Electric, Water, Oil); Cable, Telephone, or Internet bill (not cell phone); Credit Card or Bank Statement (No Mortgage Statement); Driver's License or DMV CT State ID.

Family members participating in this program who are under 25 years of age, require a copy of their birth certificate, passport, or guardianship on file.

For non-residents, the primary family member as well as all participating family members who are over 25 years of age must provide identification and proof of address. Non-resident participants under 25 years of age, require a copy of birth certificate, passport or guardianship.



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



SECTION	TIME	SESSIONS/DATES - Saturdays
C1 Session I	4:30 p.m. – 6:00 p.m.	January: 4, 11, 18, 25, February: 1 <i>Snow date: make up during second session</i>
C2 Session II	4:30 p.m. – 6:00 p.m.	February: 8, 15, 22, 29, and March: 21. <i>No clinic on March 7 or 14; Snow date: March 28</i>

LOCATION: Eastern Greenwich Civic Center – 90 Harding Road, Old Greenwich

STAFF: Director, Betsy Underhill and instructors.

FEES: \$50.00 per session; payable to “Town of Greenwich”

We accept Visa, MasterCard, American Express, and Discover credit cards at the Town Hall Parks and Recreation Office & 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 \$15.00 administrative fee for credits and a \$25.00 fee for any returned checks.**

COMMENTS:

- Must wear sneakers
- All pickleball equipment will be provided. Players with their own racquet may bring it.
- 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 06836-2540



Program Registration (please print)

Program Name _____ Activity # _____ Section # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Specific Program Information:

Parent/Guardian _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

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 _____ 201_____

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

HH# _____ Check# _____ Receipt# _____ Proof _____ Initials _____