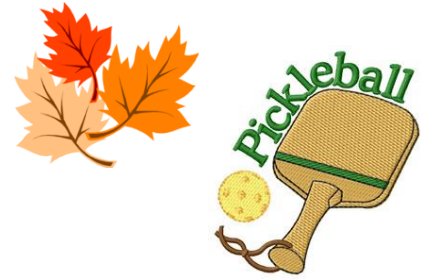




Department of Parks & Recreation
 Recreation Division
 101 Field Point Road, Greenwich, CT 06836-2540
 Phone: 203-618-7649
 Email: Recreation@greenwichct.org



2019 Fall Pickleball Loughlin Avenue Park, Cos Cob

ACTIVITY NUMBER: 31207

DESCRIPTION: Play Pickleball outdoors this Fall 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 (Please see separate registration for the Fall clinics) and is for players with current or previous playing experience. Pre-registration is a one-time fee. 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 **Monday, July 22** – online registration is only available to Greenwich residents. To register online go to www.greenwichct.gov/webtrac
- Mail-in: Begins **Monday, August 5** – application should not be postmarked earlier than August 5.
- In-person: Begins **Monday, August 19**– at the Parks and Recreation Office. Non-residents may sign-up starting Monday, August 19. Registration closes Friday, August 23 or when the program has filled; space is limited.

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.

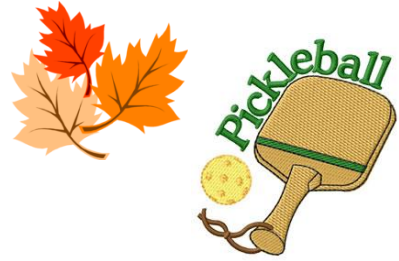
LOCATION: Loughlin Avenue Park, Cos Cob, CT 06807

SESSIONS: 10 Dates

SECTION NUMBER	CATEGORY	DATES
P1	Tuesday’s from 10:00 a.m.- 12:00 p.m.	8/27, 9/3, 9/10, 9/17, 9/24, 10/1, 10/8, 10/15, 10/22, 10/29 (Rain Date: November 5)



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FEES:

(Pricing and senior discounts)

1 day per week	\$70.00 per adult; \$45.00 residents with senior park pass
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We accept Visa, Master Card, American Express, and Discover credit cards for resident on-line registration and at the Town Hall Parks & Recreation Office. **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 check.**

NOTES:

- 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 web site 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, send completed application with full payment to:

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





Program Name: Fall Pickleball Activity # 31207 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 _____