ACTIVITY NUMBER: 21204

DESCRIPTION: Indoor Pickleball for adults on 2 courts. Beginners and Low Intermediate players play Mondays; Intermediate and Advanced players play Wednesdays. Court time is shared among all those registered to play. All participants must be registered.

COVID-19 PROCEDURES: ALL PARTICIPANTS MUST HAVE MASK. Distance between players is limited to six feet or more. Enrollment is limited.

REGISTRATION:
- **Online:** Opens Monday, May 3 - online registration is only available to Greenwich residents. To register online go to www.greenwichct.gov/webtrac click on Parks and Recreation logo and log-in to your account.
- **Mail-in for residents:** Begins Monday, May 17 - application should not be postmarked earlier than May 17.
- **Mail-in for non-residents:** Begins Monday, May 31 - application should not be postmarked earlier than May 31. Registration closes Friday, June 18 or when the program has filled; space is limited.

2021 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.

SESSIONS:

<table>
<thead>
<tr>
<th>SECTION NUMBER</th>
<th>DAY/TIME</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>W1</td>
<td>Mondays: 5 p.m. – 7 p.m. Beginners and Low Intermediate Players</td>
<td>June 28, July 12, 19, 26, August 2, 9, 16, &amp; 23 (No pickleball July 5 or September 6)</td>
</tr>
<tr>
<td>W2</td>
<td>Wednesdays: 5 p.m. – 7 p.m. Intermediate and Advanced Players</td>
<td>June 30, July 7, 14, 21, 28, August 4, 11, &amp; 18</td>
</tr>
</tbody>
</table>
FEES:

<table>
<thead>
<tr>
<th>Days</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>W1 - Mondays</td>
<td>$44, $33 with Resident senior park pass</td>
</tr>
<tr>
<td>W2 – Wednesdays</td>
<td>$44, $33 with Resident senior park pass</td>
</tr>
</tbody>
</table>

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:
- Players must wear sneakers.
- Nets and balls are provided. **Must bring your own racquet.**
- Weather and program updates will be available on our Recreation Sports website at: [www.teamsideline.com/greenwichct](http://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, please cut along dotted line and send in with completed application, full payment, and proofs (if needed) to:

  Bendheim Western Greenwich Civic Center  
  449 Pemberwick Rd.  
  Greenwich, CT 06831  
  Attn: Adult Pickleball

Please complete full name, phone, and e-mail below:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate preference: days of week and time to play:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Place check in box below to select program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondays - Beginners/Low Intermediates</td>
<td>5 p.m. – 7 p.m.</td>
<td></td>
</tr>
<tr>
<td>Wednesdays- Intermediate/Advanced</td>
<td>5 p.m. – 7 p.m.</td>
<td></td>
</tr>
</tbody>
</table>

Please complete registration form on next page.
Program Registration (please print)

Program Name Summer Pickleball BWGCC  Activity # 21204  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 ________

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

________________________________________________________________________

Town of Greenwich Parks and Recreation—Anti-discrimination Policy

It is the Town of Greenwich’s policy to provide full, equal and nondiscriminatory access to its park facilities, beaches and recreation areas in accordance with applicable state and federal laws. The Town’s park facilities, beaches and recreation areas are open to all Town residents and other members of the general public admitted thereto in accordance with, and subject to, applicable state and federal laws, and ordinances, and regulations promulgated by the Director of Parks and Recreation and the Selectmen. It is the policy of the Town of Greenwich that all Town ordinances, regulations, policies and rules with respect to the Town’s park facilities, beaches and recreation areas are applied consistently without regard to race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, lawful source of income, mental retardation, mental disability or physical disability, including but not limited to blindness or deafness or any other legally protected classification.

The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or demetria.nelson@greenwichct.org as soon as possible in advance of the event.

OFFICE USE ONLY

HH # ___________ Check # ___________________________ Receipt # ___________________________ Proof ________ Initials ________