



Learn to play

\$10 per class, Located on the Jindra Park Tennis Courts.

Saturday, May 2nd 1-2:30pm

Saturday, May 9th 1-2:30pm

Please put a check mark next to the class you are attending!

AT THIS TIME PLEASE SIGN UP FOR ONLY ONE OF TWO CLASSES, THANK YOU.

REGISTRATION FORM (PLEASE PRINT)

PARTICIPANT NAME _____ OVER THE AGE OF 18: YES NO

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ E-MAIL _____

I am voluntarily participating in the Wickliffe Recreation Department’s Instructional PickleBall held at Jindra Park. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I represent and warrant that I have no medical condition that would prevent my participation in the program. In consideration of risk of injury while participating in Pickleball and as consideration for the right to participate in said activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver an release liability and hereby waive any and all rights, claims or cause of action of any kind whatsoever arising out of my participation in the said activity, and do hereby release and forever discharge the City of Wickliffe, their representatives and instructors. I the undersigned participant, affirm that I am of the age of 18 or older, and that I am freely signing this agreement.

PARTICIPANT SIGNATURE: _____

PARENT/GAUARDIAN WAIVER (must be over age 14 to participate)

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows: I hereby certify I am the parent or guardian of

_____ (_____ age) named above, and do hereby give my consent without reservation to the forgoing on behalf of this individual.

PARENT/GUARDIAN SIGNATURE: _____

RELATIONSHIP TO MINOR: _____

FEE \$ _____ CASH CHECK# _____ RECEIVED BY _____ DATE _____