



Learn to play

\$10 per class (nonrefundable)

Located on the Jindra Park Tennis Courts.

Saturday, June 11 10-11:30am (rain date: June 18)

Saturday, July 9 10-11:30pm (rain date July 16)

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

Drop off registration and payment in person, mail or email:

Wickliffe Recreation Dept., 28730 Ridge Road, Wickliffe OH 44092 - 440-943-7120 – khopton@cityofWickliffe.com

Payment may be made with cash, check or credit card.

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

REGISTRATION FORM (PLEASE PRINT)

PARTICIPANT NAME _____ OVER THE AGE OF 16: YES NO

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ E-MAIL _____

I assume the risks of COVID-19 in relation to public gatherings and agree to follow the most current CDC, state and local guidelines pertaining to social gathering and accept the associated health risks and releases the City of Wickliffe from any COVID-19 liabilities resulting from this gathering. 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. 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 waver 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.

PARTICIPANT SIGNATURE: _____

PARENT/GAUARDIAN WAIVER (must be over age 16 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: _____

***** (office use below this line) *****

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