



# Fort Thomas Recreation 2019

## FALL Pickle Ball Registration



Name:		Please Check One:	
Address:			Competitive: Monday Nights, 8 Weeks Starting August 26 <sup>th</sup> 6pm
Email:			Recreation: Wednesday Nights, 8 Weeks Starting August 28 <sup>th</sup> 6pm
Phone #:			CHECK IF YOU WOULD LIKE TO BE ONLY A SUB
Emergency Contact:		Emergency Contact Number:	

**Registration Deadline: August 16, 2019**

950 S. Ft. Thomas Ave. Ft. Thomas, KY 41075

Drop box located outside of Armory (Silver Mailbox)

Please initial the following:

All matches will be played at Tower Park Tennis Courts-2 lower courts have been lined for PickleBall.

Partners will be assigned each week, a schedule will be emailed, and available on the Fort Thomas Recreation website: [www.ftthomas.org](http://www.ftthomas.org) by **August 23rd, 2019**(Recreation tab at the top, drop down menu, League Schedules)

I understand I take a turn as a Court Captain. Court Captain will be appointed(marked on the schedule with an asterisk)

Court Captain will be responsible for a new can of balls, determining and alerting players about court status (i.e. weather conditions)taking calls/emails about subs.

I understand it is my responsibility to get a sub, and let my court captain know.

I understand this league depends on the full cooperation of its participants.

I, the undersigned, understand and acknowledge that participation in a recreational activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to: falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release the City of Fort Thomas, Ft. Thomas Recreation Department, its co-sponsors, their representatives and successors from all and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHOTO RELEASE: I give my permission to the Ft. Thomas Recreation Department to take my/my child's picture to use on any and all future advertising for the Department's programs. I also hereby consent to the use of my/ my child's photograph or cinematic image without compensation.

Print: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_