

Fort Thomas Recreation Spring Pickle Ball Registration

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|-------------------------|--|---------------------------|--|
| Name: | | Please Check One: | |
| Address: | | <input type="checkbox"/> | Competitive: Monday Nights, 6 Weeks Starting April 13 |
| Email: | | <input type="checkbox"/> | Recreation: Wednesday Nights, 6 Weeks Starting April 15 |
| Emergency Contact Name: | | Emergency Contact Number: | |

Registration Deadline: April 1, 2020

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 by **April 1, 2020** (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 _____

kdisney@ftthomas.org

859-781-1700

www.ftthomas.org