



## Pickleball Registration Form

Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

Sex: M/F \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Concerns/Allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office Number: \_\_\_\_\_

### Participant Waiver:

I know that this sport is potentially a hazardous activity, which could cause injury or death. I will not participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this activity, and am in good health, and I am properly trained. I agree to abide by any decision of Enosburgh Community Recreation relative to any aspect of my participation in this activity, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the activity and agree to abide by them. I assume all risks associated with participating in this activity, including but not limited to: falls, contact with other participants, the effects of the weather and all such risks being known and appreciated by me. For myself and for my heirs, personal representatives and assigns, I hereby release the Town of Enosburgh, Vermont, their principals, directors, officers, agents, employees and volunteers, and their insurers, (collectively hereinafter "Town of Enosburgh") from any and all claims, demands, actions, causes of action, suits in equity of whatever kind or nature, and from any and all liability of any nature for any and all injury or damage (including death) to me and any other persons as a result of my participation in the activity, regardless of the cause. I understand that this release includes any claims based on negligence, action or inaction, of any of the above parties. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that this activity does not provide for refunds.

\_\_\_\_\_  
Signature or Parent's Signature if Under 18 Years

\_\_\_\_\_  
Date

Before participating in this sport, please fill out this form and return to the Enosburgh Community Recreation representative/sport organizer. Form must be filled out as completely and accurately as possible.

For more info. contact Enosburgh Community Recreation at [recdirector@enosburghvt.org](mailto:recdirector@enosburghvt.org).