



PICKLEBALL REGISTRATION FORM

Date _____ / _____ / _____

Player's Name _____

Date of Birth _____ / _____ / _____ Age _____

Address: Street _____

Town _____ Zipcode _____

Telephone _____ Please circle: Mobile / Home

Email Address: _____

Emergency Contact:

Name _____ Phone _____

Relationship _____

Release:

I understand there are risks of physical injury associated with participating in sports and recreational activities or programs.

I hereby release the town of Peterborough, its employees, officials and agents from any and all liability or loss or damage to personal property that my child or I may experience in connection with activities sponsored by Peterborough Recreation Department.

The Department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my photo, video, artwork, etc. by the Department for flyers, presentations, etc.

Participant's signature: _____ **Date:** _____ / _____ / _____

****Please circle the group you would like to play in****

RECREATIONAL:

Knows the scoring and court rules
Familiar with basic strokes
Can sustain short rallies
Serves with some consistency

COMPETITIVE:

Serves consistently
Can return serves consistently
Improved strokes and shot placement
Can execute dinks and volleys
Sustains various paced rallies
Understands court coverage

Please email back to me at lbetz@peterboroughNH.gov or snail mail it to
PRD, 64 Union Street, Peterborough, NH 03458