Chatham Community Center
Telephone 508-945-5175
www.chathamcommunitycenter.com

Chatham Municipal Employee & Beginner Pickleball

Winter Schedule beginning November 29, 2017

Who: Chatham Municipal Employees & Beginners

Come join your fellow Town Employees for some fun and comradery on Tuesday & Thursday evenings. Ask your favorite co-worker to join you or just show up and join in. This program also welcomes beginning Pickleball players who would like to learn how to play this game.

When: Tuesdays 7 – 8:45 P.M. (will return to 5:30 – 7 P.M. in mid March)
Thursdays 5:30 – 7 P.M.

Location: Community Center Gym

Registration Fee: $20 resident / $15 senior resident (age 65+)
$30 non-resident ($25 for Harwich residents due to Commissioners' Agreement)
Please make checks payable to: "Town of Chatham"

Description: Learn to play this fun & challenging game that has become very popular across the country.

Equipment: Pickle-ball paddles and balls are available to borrow at the Community Center.

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Chatham Employee & Beginner Pickleball

Name: _____ D.O.B._____

Residential Address:_____
Street Address (required) Town (Chatham, North, South, West, Other)

Mailing Address:_____
Street#/P.O. Box Town State Zip

Home #: _____ Work/Cell #: _____

Email Address: _____

Emergency Contact: _____ Telephone #:_____

Physician: _____ Telephone #:_____

Are there any allergies, medications or health issues that we should know about?

In consideration of your accepting my entry, I, the undersigned adult participant, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. Further, I give my permission to receive medical treatment in the event of injury while participating in the above named program. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver. I agree that pictures taken during program hours may be used for future promotional purposes.

_____ Date: _____
Signature

Registration Form Received By: _____ Date: _____ Paid: _____ Check #: _____