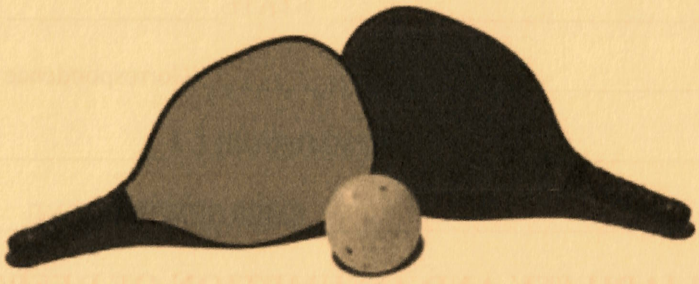
Pickleball Registration



Adult Recreational League

Monday's 1:30-3:30 pm

Wednesday's 4:00-6:00 pm

And

Thursday's 4:00-6:00 pm

Sunday's (Outside Only)

9:30-11:30 am

*(Schedule subject to change due to holidays and special events)

Annual Fee $75.00

Day Pass $4.00

PICKLEBALL PARTICIPANT REGISTRATION & WAIVER

NAME_____

PERMANENT **MAILING** ADDRESS_____

CITY_____ STATE_____ ZIP_____

EMAIL ADDRESS _____ (Correspondence will be primarily by email)

HOME #_____ SUMMER/CELL #_____

EMERGENCY CONTACT_____EMERGENCY PHONE_____

WAIVER OF LIABILITY AND ASSUMPTION OF RESPONSIBILITY

*Print Name_____(the participant) hereby desires to participate in Pickleball at the Crosslake Community Center. Wishing to participate in the Activity referenced above and knowing there are certain dangers related to this activity, I hereby state and affirm that:

1. My PARTICIPATION is voluntary. I know and am aware of all dangers associated with my participation in this Activity and acknowledge that the City of Crosslake is only administering the registration portion of the Activity.
2. I understand and agree that neither the City of Crosslake (the "City") or any person acting on the behalf of the City, may be liable in any way for any event which occurs in connection with the Activity, which may result in harm, death, injury or other damage to me.
3. I understand that the City in not required to supervise the Activity.
4. In consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby release and hold harmless the City and any person acting on behalf of the City in this Activity from any liability for harm, death, injury or other damage which may befall me during this Activity, whether foreseen or unforeseen, however caused and whether or not caused by the negligence of the City or any person acting on behalf of the City. This waiver does not apply to any injuries or damages that are the result of willful, wanton, or intentional misconduct. I further agree and consent to emergency treatment of myself, my child or ward by a physician or hospital.
5. The terms of this agreement shall serve as a release and assumption of risk for my heirs, executor, administrator and all members of my family. I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.
6. By signing this waiver I hereby release the Crosslake Parks & Recreation Department to include my name, email and/or telephone number on a roster to be distributed to other registered players.
7. The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you/your child or ward in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you/your child or ward in the program if you do not provide sufficient information With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Volunteers involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.

Participant Signature _____ **Date** _____

Parent Signature if under age 18 _____ Date_____

Fee: $75.00 Annual Membership Receipt # _____ **$4.00 Day Pass** _____

***Note: There will be days inside Pickleball will be canceled due to previously scheduled events!**