



Department of Parks & Recreation - Recreation Division
101 Field Point Road, Greenwich, CT 06836-2540
Phone: (203) 618-7649 E-mail: Recreation@greenwichct.org



2018 Indoor Pickleball – Winter

Eastern Greenwich Civic Center, 90 Harding Road, Old Greenwich

ACTIVITY NUMBER: 41203

DESCRIPTION: Indoor pickleball for adults on 3 regulation sized courts. This is **NOT** an instructional program and is for players with current or previous playing experience. Pre-registration is a one-time fee. Register for one, two or all three days at a discounted rate. Players that prefer to drop-in must sign-in each time and pay the daily drop-in rate. Space is limited at each session. **NOTE: This is NOT an instructional program. Players looking to learn the sport should register for the Pickleball Clinic (separate registration).**

REGISTRATION:

- Online: **Monday, November 13** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.org/webtrac and select "Activity Registration."
- Mail-in: **Monday, November 27** - application should not be postmarked earlier than November 27.
- In-person: **Monday, December 11** at the Parks and Recreation Office. Non-residents may sign-up starting Monday, December 11.

If not yet provided in 2017, residents must provide proof of residency and non-residents must provide identification and proof of address. *Proofs for Greenwich residents may include: residential lease, credit card bill, bank statement (not mortgage), utility bill (Gas, electric, water, oil), cable bill, phone bill (not cell), driver's license, DMV ID. Proofs of Greenwich residential address must be current and show resident name.*

SESSIONS:

SECTION NUMBER	DAY/TIME	DATES
P1	Saturdays: 6:00 pm – 8:30 pm	January: 6, 13, 20, 27, February: 3, 10, 17, 24, March: 3 and 17. No pickleball March 10; Snow date March 24
P2	Mondays: 11:00 am – 1:30 pm	January: 8, 22, 29, February: 5, 12, 26, March: 5, 12, 19, and 26. No pickleball January 15 or February 19; Snow date April 2
P3	Thursdays 11:00 am – 1:30 pm	January: 11, 18, 25, February: 1, 8, 15, 22, March: 1, 8, and 22. No pickleball March 15; Snow date March 29

FEES:

(Multi-day and senior discounts applied)

1 day per week	\$44, \$33 with senior card
2 days per week	\$66, \$49.50 with senior card
3 days per week	\$83, \$62.25 with senior card

***Drop-in fee:** \$5.00, only cash & exact change accepted. Drop-in fee can't be applied towards the season rate.

We accept Visa, MasterCard, American Express, and Discover credit cards at the Town Hall Parks and Recreation Office & for online registration. **There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing prior to the start of the program. There is a \$15.00 administrative fee for credits and a \$25.00 fee for any returned checks.**



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COMMENTS:

- Players must wear sneakers while on the courts.
- Nets and balls are provided. Racquets are limited; recommended to bring your own.
- Weather and program updates will be available on our Recreation Sports website at: www.teamsideline.com/greenwichct. In addition, you can call the weather hotline at (203) 861-6100.
- Make checks payable to: **Town of Greenwich**.
- If mailing, please cut along dotted line and send in with completed application, full payment, and proofs (if needed) to:

Adult Pickleball
Department of Parks and Recreation
P.O. Box 2540
Greenwich, CT 06836-2540

Please complete full name, phone, and e-mail below:

Last Name

First Name

Home Phone

Cell Phone

E-mail

Indicate preference: days of week and time to play:

Day	Time	Place check in box below to select
Saturdays	6:00 pm – 8:30 pm	
Mondays	11:00 am – 1:30 pm	
Thursdays	11:00 am – 1:30 pm	

***PROGRAM REGISTRATION & INDEMNIFICATION & RELEASE (NEXT PAGE) MUST ALSO BE SUBMITTED**



Program Registration (please print)

Program Name _____ Activity # _____ Section # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Specific Program Information _____

Parent/Guardian _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Physical Restriction(s): _____

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____ 201____.

Signature of Participant or Parent or Guardian for participants under 18 years of age:

HH# _____ Check# _____ Receipt# _____ Proof _____ Initials _____