



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

2020 Spring Pickleball Loughlin Avenue, Cos Cob



ACTIVITY NUMBER: 11207

DESCRIPTION: Play pickleball outdoors this spring season on **four, outdoor courts located in Loughlin Avenue Park in Cos Cob**. This is a co-ed program for adults. Court time is shared among those registered to play. All participants must be registered. **Drop-in is not offered for play at Loughlin Avenue Park.**

REGISTRATION:

- **Online: Monday, January 27** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.gov/webtrac and select "Activity Registration."
- **Mail-in: Monday, February 10** - application should not be postmarked earlier than February 10.
- **In-person: Monday, February 24** at the Parks and Recreation Office. Non-residents may sign-up starting Monday, February 24.

Greenwich residents are required to provide proof of residency once per calendar year for all Parks and Recreation programs.

The primary family member is required to provide two current proofs of Greenwich residency. Family members participating in this program who are over 25 years of age require one current proof of Greenwich residency.

Acceptable proof documents with resident name, date and Greenwich address are as follows: Residential Lease; Utility bill (Gas, Electric, Water, Oil); Cable, Telephone, or Internet bill (not cell phone); Credit Card or Bank Statement (No Mortgage Statement); Driver's License or DMV CT State ID.

Family members participating in this program who are under 25 years of age, require a copy of their birth certificate, passport, or guardianship on file.

For non-residents, the primary family member as well as all participating family members who are over 25 years of age must provide identification and proof of address. Non-resident participants under 25 years of age, require a copy of birth certificate, passport or guardianship.



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LOCATION: Tennis/Pickleball Courts: Loughlin Avenue, Cos Cob, CT 06807 **SESSIONS:** 10 Dates

| | | |
|----|----------------------------------|--|
| P1 | Mondays: 11:00 a.m. – 1:30 p.m. | April 6, 13, 20, 27, May 4, 11, 18, June 1, 8, & 15 <i>No pickleball May 25; Make-up day if needed June 22</i> |
| P2 | Thursdays 11:00 a.m. – 1:30 p.m. | April 9, 16, 23, 30, May 7, 14, 21, 28, June 4, & 11 <i>Make-up day if needed June 18</i> |

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 |

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.**

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 |
|-----------|------------------------|------------------------------------|
| Mondays | 11:00 a.m. – 1:30 p.m. | |
| Thursdays | 11:00 a.m. – 1:30 p.m. | |

COMMENTS:

- Players must wear sneakers while on the courts.
- Nets and balls are provided. Players must bring their own racquet.
- Weather and program updates will be available on our Recreation Sports web site 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, send completed application with full payment to: Spring Pickleball

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



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Program Name Spring Outdoor Pickleball Activity # 11207 Section(s) # _____

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

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

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 __202__

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

Town of Greenwich Parks and Recreation—Anti-discrimination Policy

It is the Town of Greenwich's policy to provide full, equal and nondiscriminatory access to its park facilities, beaches and recreation areas in accordance with applicable state and federal laws. The Town's park facilities, beaches and recreation areas are open to all Town residents and other members of the general public admitted thereto in accordance with, and subject to, applicable state and federal laws, and ordinances, and regulations promulgated by the Director of Parks and Recreation and the Selectmen. It is the policy of the Town of Greenwich that all Town ordinances, regulations, policies and rules with respect to the Town's park facilities, beaches and recreation areas are applied consistently without regard to race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, lawful source of income, mental retardation, mental disability or physical disability, including but not limited to blindness or deafness or any other legally protected classification. The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or alan.barry@greenwichct.org as soon as possible in advance of

OFFICE USE ONLY

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

