



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



## 2021 Adult Pickleball Instructional Clinic

### Saturdays: Eastern Greenwich Civic Center

**ACTIVITY NUMBER:** 41205

**DESCRIPTION:** Learn how to play one of the fastest growing sports in America! It is a combination of tennis, badminton and ping pong. Formal instruction for adults is offered over two sessions. Participants may enroll in one or both sessions. Only those registered may attend the instructional sessions; Drop-in players will not be permitted to the instructional sessions. Instruction will focus on the fundamentals of the game, review of the rules, and implementation in games. Those that progress quickly will receive more intermediate instruction and will be grouped accordingly.

#### **REGISTRATION:**

- **Online:** **Monday, November 9** - online registration is only available to Greenwich residents. To register online go to [www.greenwichct.gov/webtrac](http://www.greenwichct.gov/webtrac) and select "Activities, Passes, Tickets."
- **Mail-in:** **Monday, November 23** - application should not be postmarked earlier than November 23. Non-residents may sign-up via mail-in starting Monday, November 23.

**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.**



SECTION	TIME	SESSIONS/DATES - Saturdays
C1 <b>Session I</b>	4:00 p.m. – 5:30 p.m.	January: 9, 16, 23, 30, February: 6 <b>Snow date: February 13</b>
C2 <b>Session II</b>	4:00 p.m. – 5:30 p.m.	February: 20, 27, March: 6, 20, & 27 <b>No clinic on March 13; Snow date: April 3</b>

**LOCATION:** Eastern Greenwich Civic Center – 90 Harding Road, Old Greenwich

**STAFF:** Director, Betsy Underhill and instructors.

**FEES:** \$50.00 per session; payable to “Town of Greenwich”

We accept Visa, MasterCard, American Express, and Discover credit cards 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.**

**COMMENTS:**

- **COVID-19 safety measures shall be in effect as necessary:**
  - No spectators permitted.
  - **All participants will be required to wear a face mask. Players must wear a face mask whether participating in play or not.**
  - Enrollment is limited.
  - Do not attend pickleball if you are exhibiting any symptoms including cough, sore throat, difficulty breathing, fatigue, loss of taste or smell or fever.
- Must wear sneakers
- All pickleball equipment will be provided. Players with their own racquet may bring it and it is recommended. **Pickleball equipment borrowed will be sanitized before and after use.**
- For cancellation information go to our Recreation Sports website at [www.teamsideline.com/greenwichct](http://www.teamsideline.com/greenwichct) or call the weather hotline number at 203-861-6100.
- If mailing, send completed application, full payment, and proofs (if needed) to:



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

# Program Registration (please print)

Program Name **Winter Pickleball Clinic** Activity # **41205** 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 [demetria.nelson@greenwichct.org](mailto:demetria.nelson@greenwichct.org) as soon as possible in advance of the event.

**OFFICE USE ONLY**

HH # \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Proof \_\_\_\_\_ Initials \_\_\_\_\_