



## Pickle Ball Annual Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*(Contact Information is for Staff Purposes Only – Contact Information will not be shared)*

Skill Level:  Advanced  Novice  Beginner USAPA Member?  NO - Yes, # \_\_\_\_\_

USAPA Player Rating: N/A 2.5 3.0 3.5 4.0 4.5 5.0

The fee for 12 months of Pickle Ball play is \$80 (Checks can be made out to Horsham Township)  
(\$5 prorated discount per month of the calendar year)

The Horsham Township Pickle Ball Courts will be open to **\*\*members** at the following times:  
**Monday thru Friday – 8:00am to 12:00pm & 4:00pm to Dusk**  
**Saturday – 8:00am to 12:00pm**

\*Members will need to create a **Meetup** account for Horsham Township Pickle Ball Court reservations  
\* Members will be limited to 200 players

The Horsham Township Pickle Ball Courts will be open play for **non-members** at the following times:

**Monday thru Friday – 12:00pm to 4:00pm**  
**Saturday – 12:00pm to Dusk**  
**Sunday – All Day**

*The indoor courts in the Community Center will remain closed for 2020*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Participant is Under 18 years of age

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

*To be filled out by office*

Payment:  Cash  Check # \_\_\_\_\_ Month of Registration \_\_\_\_\_ HTPBC Member Number \_\_\_\_\_

**Horsham Township – Pickle Ball Participant**

**Liability Waiver and Release**

I understand and agree, for myself and/or for any minors in my care, that participation in any activities and programs sponsored by Horsham Township (the "Municipality"), where the Municipality provides facilities, instruction and/or supervision, could result in injury to myself, minors in my care and/or to personal property owned by me or such minors. In consideration for being permitted to use Municipality facilities and/or participate in Municipality-sponsored activities/programs, I agree, for myself and/or for any minors in my care, to fully and completely release the Municipality, its officials, employees, boards, departments, agents, volunteers, representatives and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our use of Municipality facilities or participation in Municipality-sponsored activities and programs.

I certify that to the best of my knowledge, I and/or any minors in my care are healthy enough to participate in the recreation program sponsored by the Municipality. I understand that no health and/or accident insurance is provided by the Municipality. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage. I hereby give the Municipality's staff permission to secure emergency medical care for minors in my care who may suffer an injury or illness while in the temporary care of Municipality representatives.

I agree, for myself and/or for any minors in my care, to comply with all Municipality rules and regulations, including any rules and regulations governing any activities or programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Municipality facilities and/or participate in Municipality-sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration, activity or program fees.

I grant the Municipality the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website and any other material relating to Municipality activities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND/OR ANY MINORS IN MY CARE AND THE MUNICIPALITY, AND SIGN IT OF MY OWN FREE WILL. Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

Participant Name (Print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

If Participant is under age 18  
Parent/Guardian's Name (Print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_