



Pickleball Registration Form

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency contact:
Name: _____ Phone: _____

Returning player: Y / N Gender: M / F Age: _____ D.O.B. _____ / _____ / _____

PARTICIPATION WAIVER:

I understand that the Huntingdon Community Center, (HCC) assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my athletic activities, sports program, the use of any equipment, exercise or activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the HCC, it's agents, servants and employees from any and all claims for injury, illness, death and loss or damages which I may suffer as a result of my participation in these activities. I give permission to the HCC to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include me or my family's image or voice for the purpose of promoting or interpreting HCC programs.

ACCEPTANCE:

I acknowledge the waiver set forth above and being in sympathy with the Mission Statement of the HCC agree to sign this waiver. I agree to comply with the HCC rules, regulations and expectations.

Signature

Date