



**2017 UPPER GWYNEDD TOWNSHIP
Pickleball Season Pass - \$15
REGISTRATION FORM**

Access to www.meetup.com/Upper-Gwynedd-Township-Pickleball/

Participant Name: _____
(Last) (First) (Initial)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: _____
Month Day Year

Email: _____

For myself or my minor child, I assume all risks and hazards incidental to participation in the Upper Gwynedd Township Park and Recreation activity for which I am enrolling. I release, absolve, indemnify, and hold harmless the Township, its organizers, representatives, employees, teachers, counselors, and any other support staff, from any injuries resulting from such participation, including those incurred during transportation to and from any activities or events.

Medical insurance adequate for coverage of any accident, mishap, and/or injury arising out of participation in the program or any activity related thereto is required. I agree to supply such proof of coverage as may be requested by the Township.

No refunds will be given for any reason.

Participant Signature: _____ Date: _____