



PICKLEBALL SKILLS & DRILLS

DAILY CLINICS

CLINICS WILL BE HELD

MONDAY & WEDNESDAY MORNINGS 8:00-9:30AM

\$10 PER PERSON PER DAY

SIGN UP AT THE MEMBERSHIP DESK

YMCA OF DOUGLAS COUNTY

1151 NW STEWART PARKWAY | ROSEBURG OR 97471 | 541.440.9622 YMCAOFDOUGLASCOUNTY.ORG





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PROGRAM REGISTRATION / RELEASE FROM LIABILITY

Program fee is due upon registration.

PROGRAM NAME: PICKLEBALL CLINIC

Please print clearly

First Name: _____ Last Name: _____

Age: _____ DOB _____ / _____ / _____ (IF UNDER 18 Parent/Guardian name: _____)

I have verified that all of my contact information is updated on file with the YMCA.

OR

Please Update my information below:

Address _____ City _____ Zip _____

Phone: () _____ E-mail _____

Emergency Contact Name: _____ Phone# _____ Relation _____

SPECIAL HEALTH NEEDS/REQUESTS: _____

I give my permission to the YMCA of Douglas County to use, for publicity purposes, pictures taken of the participant. I support the YMCA of Douglas County philosophy, which is based on participation, fun, physical fitness, skill building, teamwork, fair play, family involvement and volunteer leadership.

RELEASE FROM LIABILITY

In consideration of the right to participate in this YMCA of Douglas County (later referred to as the YMCA) program, I waive the right to any and all claims against the YMCA for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.

I hereby certify that the above named participant is in normal health and capable of participation in this program. I assume all risks incident to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached. I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians. I am a legally competent adult (18 years or older) who is responsible for the above named participant.

By Signing this form I agree to all of the above statements.

I authorize my electronic signature. OR (if under the age of 18) A Legally Responsible Adult:

Signature: _____ Date _____ / _____ / _____

For Office Use Only: Receipt # _____ Receipt Date: _____ Clerk Initials : _____ Total: \$ _____