

PICKLEBALL CLINIC

Monday, July 9th Wednesday, July 11th Friday, July 13th
5:30 pm. – 7:30 pm.

Name: _____ Sex: Male Female

Address: _____ Town: _____ Zip: _____

Cell #: _____ Emergency #: _____

Email: _____

I, the undersigned, intend to be legally bound, waive, and release any and all rights and claims for damages I may have against the Incorporated Village of Patchogue and the Patchogue Village Parks & Recreation Department and their representatives for any and all injuries suffered in the Summer Recreation Programs. I am not aware of any physical condition which would impede my participation in or require special treatment in the above activity.

Signature : _____ Date _____

\$30/Residents

\$55/Non-Residents

\$20-\$25 Senior

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