

# **PICKLEBALL CLINIC**

Monday July 8<sup>th</sup>, Wednesday July 10<sup>th</sup>, Friday July 12<sup>th</sup>  
5:30 – 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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