



# Deerfield Community Center

## 2011-12 Adult Pickleball Registration Form

Deadline Oct. 31, 2011

DHS Large Gym, Sundays 7-9pm (circle below sessions)

Session I: Nov. 13, 20, Dec. 4, 11, 18

Session II: Jan. 8, 15, 22, 29, Feb. 5, 12

Session III: Feb. 19, 26, March 4, 11, 18, 25

Participant's Name \_\_\_\_\_

Date \_\_\_\_\_

Cost \$20/session

Address \_\_\_\_\_

City \_\_\_\_\_

Medical Information (asthma, health concerns) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Please provide us with your preferred contact information in case of emergency:

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

**Send to DCC, PO Box 404, 3 W. Deerfield, WI 53531**

### IMPORTANT

*Please read and sign the following*

I, the registrant abide by the rules of the Deerfield Community Center (the "DCC"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with this program (the "Program") and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release, discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life, limb or well being.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date