

Stone Mills Recreation Centre Pickleball Users Registration & Waiver Form

Player Information		
Name:		
Email:		
Phone:		
Emergency Contact		
Emergency Contact Name:		
Emergency Contact Phone:		
Player Medical Cond	itions or Aller	gies (Not Compulsory):
Costs		
Per Play Cost: \$5.00		5 Month Membership (5 sessions weekly): \$125.00
Payment Methods		
Per Play Cost – paid v	ia exact cash at	time of play at Stone Mills Recreation Centre
	y Credit Card via	23) – paid via cash, debit or cheque at Township of Stone Mills www.stonemills.com by choosing the "Pay My Recreation
_		re available at the Township of Stone Mills Municipal Office and omission of a completed form is required in advance of play.
Waiver (Must be Sig	ned)	
•	ne Mills Recreatio	e game of pickleball through play, and social events. By participating in centre, the undersigned acknowledges that they are participating
permitted the ability to liability arising from sucits officials, employees a occurring to me as a res	participate in the h activities or use and agents of any sult of my volunta	with any physical activities. Having knowledge of these risks and being program / event, I hereby assume all risk of injury, damage, and of any equipment and hereby release the Township of Stone Mills and claims, lawsuits, or any personal injury or other consequences by participation in the activities.
	ve read, understa	and, and freely accept the above information.
Print Name		
Signature		
Date		