

865-828-9900



www.graingerparks.com

Pickleball Registration 2024
Adults Age 18 & Up

Participant Information: (Please Print or Type)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male/Female: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Emergency Phone: \_\_\_\_\_ Alt. Name/Phone: \_\_\_\_\_

Liability Release

- In consideration of receiving permission to participate in this activity, the undersigned hereby releases, remises and forever discharges and agrees to save and hold harmless and indemnify Grainger County and Grainger County School District, their agents, representatives, volunteers, and employees, of and from all liability claims, demands, causes of action and possible causes of action whatsoever, arising out of or related to any loss, damage or injury (including death) that may be sustained by the undersigned person or that may otherwise accrue to any of the undersigned's respective heirs, next of kin, or personal relatives ( while in, on, en route to, from or out of said premises, while in connection with this activity) from any cause whatsoever, including negligence of Grainger County, its agents, representatives, volunteers, and employees. Each participant or volunteer is participating at their own risk at all times.

- In the event that I, should become ill or injured during this activity sponsored by Grainger County, a county representative present at the time can/may be directed to immediately contact the local emergency medical response team for emergency medical treatment and/or transport to medical care facility. I hereby authorize any examination or treatment, medical or surgical that is found to be necessary by a licensed physician. I agree to be responsible for the admission, medical screening, and for any drug or medical bills that may be incurred.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Registration information and payment due by April 12, 2024 at 4PM, NO EXCEPTIONS! Anyone registering after this date will be placed on a waiting list and not guaranteed to play! Payment of \$35.00 is due before participant is allowed to participate. Make checks payable to Grainger County Parks and Recreation. Players will be notified with scheduling information.

PLEASE MAIL/FAX/EMAIL TO:

Grainger County Parks and Recreation
PO Box 230
Rutledge, TN 37861

Fax: 865-828-9933

Email: graingerparksandrec1@frontier.com



Office Use Only
Payment Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_
Credit Card: \_\_\_\_\_ Initials: \_\_\_\_\_