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|  | **Temora Shire Council**  **Pickleball Round Robin**  ***REGISTRATION FORM***  Cost (for a 8 week round robin): Adult - $70.00, Concession - $56.00  To be paid upfront at time of registration  Cash and Eftpos available  Games will run for a maximum of 1 hour each.  Name:………………………………………………………….………..  Address:………………………………………………………………...  ……………………………………………………………………..…….  Phone: Work……………………………..Mobile……………………..  Email:……………………………………………………………………  Emergency Contact Name:………………………………………………  Emergency Contact Number:……………………………………………  If you already have a doubles partner:  Doubles Partners Name:……………………………………….……  *Please note: If you do not have a partner one will be provided for you.*  Place a **X** next to your preferred Monday time  Starting Monday 20th May 2024   |  |  |  | | --- | --- | --- | | Senior Social | 10.00am to 1.00pm |  | | Open Social | 5.00pm to 8.00pm |  | | Open Competitive | 5.00pm to 8.00pm |  |   **Risk waiver**  Participation in Sport and Recreation programs requires participants to accept the following risk waiver:  I agree for me or my child/ward to attend the Temora Shire Council Recreation Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Temora Shire Council, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and medication while my child/ward is attending the Centre/enrolled in the program. I understand that although Temora Shire Council, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.  Signature…………………..…………….………..……..Date………………………..  **Please return to Angela Guilfoyle – Temora Recreation Centre**  **0427898278 or recreationcentre@temora.nsw.gov.au** |  |