

# Pickle Ball



***Do you Know how to play? Great come play!***

***If your new to this sport come and learn and we will provide all equipment need.***

***Starting:*** Thursday, September 12<sup>th</sup> - December 12<sup>th</sup>, 2019

*and will restart February 13<sup>th</sup> – June 11<sup>th</sup>, 2020*

***Cost:*** Residents: \$20.00 Non- Residents: \$30.00

***Who:*** Adults (18 yrs. and older)

***When:*** Thursday Evenings at Sanbornton Central School

***Time:*** 5:30-7:30pm

***What you will need:*** Wear comfortable clothing, non-marking sole sneakers and bring a water bottle.

**What is Pickle Ball:** A fun sport that combines many elements of tennis, badminton and ping-pong.

Played both indoors or outdoors on a badminton-sized court and a slightly modified tennis net.

Played with a paddle and a plastic ball with holes. Played as doubles or singles.

For more information contact Julie: 393-6665 Email: [sanbrec@metrocast.net](mailto:sanbrec@metrocast.net)

Sanbornton Recreation PO Box 124, Sanbornton, NH 03269

Website: <http://www.sanborntonnh.org/Departments/Recreation/Recreation.htm>

Check us out on  ( Sanbornton Recreation Department)

# 2019-2020 - Sanbornton Recreation – Pickle Ball Program

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I, \_\_\_\_\_ assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Sanbornton Adult Co-Ed Pickle Ball Program, the organizers, sponsors, supervisors, and participants from any claim arising out of any injury to myself.

As a participant in Adult Pickle Ball, I will be responsible for leaving the area used in the same condition as upon my arrival. In case of accident, I request the Sanbornton Adult Pickle Ball Program to contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

If unavailable, please contact the physician indicated below and follows his/her instructions. I authorize any treatment deemed necessary for myself.

Physician: \_\_\_\_\_ # \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office personnel, only: Name: \_\_\_\_\_ Date: \_\_\_\_\_ 2019 / 2020

Resident: \$20.00 Non-Resident \$30.00

Cash Payment \$ \_\_\_\_\_  Check Payment: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Any questions please contact the Sanbornton Recreation

603-393-6665 or email: [sanbrec@metrocast.net](mailto:sanbrec@metrocast.net)

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