WHERE ATHLETES GROW

POSITIVE COACHING • SKILL DEVELOPMENT • CONFIDENCE

WASHINGTON TWP. RECREATION PICKLEBALL LEAGUE

TJD SPORTS ACADEMY

POWERED BY TJD SPORTS ACADEMY

DATES:

Thursdays,
Sept. 17th – Oct. 22nd

— AND/OR —

Saturdays,
Sept. 19th – Oct. 24th

Each week you'll pick the day you want to play your match.

TIME:

9:00 AM –
11:00 AM

LOCATION:

Rock Spring Park

LEAGUE DETAILS

FORMAT

- 5-week regular season
- Week 6 playoffs – all teams qualify
- Teams: Each team will consist of 2 or 3 players.
- Players register individually
- If you don't have a team, you'll register as a free agent and then be assigned to a team.

MATCH PLAY

- Guaranteed one match each week
- Best 2 out of 3 games
- Games to 11, win by 1
- Even if you win two games, you can play the third one for fun!

LEVEL

Advanced Beginner to
High Intermediate

EQUIPMENT:

Players must bring their own paddle.

REGISTRATION DEADLINE:

September 14

FEES:

$125 per person
No refunds

Depending on registration, teams may receive two matches per week.

QUESTIONS ABOUT THE LEAGUE?

Phone: (908) 876-5941

recreation.wtmorris.org

REGISTER THROUGH WASHINGTON TWP. RECREATION

PICK YOUR DAY. PLAY YOUR MATCH.
HAVE FUN. STAY ACTIVE. PLAY PICKLEBALL!

WASHINGTON TOWNSHIP RECREATION

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering/participating in the program(s), or by registering for participation in this program(s), you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s). You will be required to indemnify, hold harmless and defend **Washington Township Parks & Recreation and Township of Washington, its directors, offices, agent, employees, volunteers, sports instructors, and any fitness/exercise instructors** for any claims arising out of participation in said program(s)

I _____, sign this Hold Harmless as my Voluntary act and by this act agree: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program.

I further agree to indemnify, hold harmless and defend the **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, sports instructors and any fitness/exercise instructors** from any and all claims from injuries, including death, damages and losses which may occur in any way associated with the activities of the program.

I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize the Township of Washington and Parks & Recreation dept. to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read, and fully understand, and agree to the above Participant Liability Waiver and Hold Harmless Agreement. _____Initials

Print Name: _____

Email Address: _____

Medical: _____ **Phone#:** _____ **Session:** _____

Payment Options: ☐Check ☐Cash ☐Credit Card (2.65% convenience fee for credit card usage)

Make check payable to WT Recreation – Mail to 50 Rock Rd., Long Valley, NJ, 07853 Email: recreation@wtmorris.net

Rules and Regulations: Any complaints regarding the conduct of any instructor should be reported directly to the Recreation Director ▪Disrupting or interfering with the workout of any participant is not permitted. Respect the rights of others by using courteous and appropriate behavior ▪ Participants must conduct themselves in an orderly and appropriate manner ▪ Participants must wear appropriate exercise attire and footwear at all times ▪Failure to adhere to any policies may result in removal from the program and no refund will be offered▪ Participants exercise at their own risk. _____**Initials** (SORRY NO REFUNDS)

Signature: _____ **Date:** _____

Washington Township Employee Only:

Employee Initial: _____ **Date Received:** _____