

TJD SPORTS ACADEMY ADULT SPRING PICKLEBALL

For: Beginners to Advance Beginners



LOCATION: ROCK SPRING PARK TENNIS COURTS

**THURSDAY DATE(S): APRIL 24TH, MAY 1ST, 8TH, 15TH, 22ND
MAKE UP DATE: THURSDAY: MAY 29TH**

SESSION 1: 9 AM TO 10:15 AM SESSION 2: 10:30 AM TO 11:30 AM (PLAY W/A PRO)

**SATURDAY DATE(S): APRIL 26TH, MAY 3RD, 10TH, 17TH, 31ST
MAKE UP DATE: SATURDAY: JUNE 7TH**

SESSION 1: 9:30 AM TO 10:45 AM SESSION 2: 11:00 AM TO 12:15 PM

FEE: \$165 SORRYNO REFUNDS

PICKLEBALL LESSONS - This class teaches pickleball's tactical and technical foundations. We'll build on the previous lessons each week to help participants develop their skills step-by-step.

PLAY WITH A PRO - This is designed for players who already understand the game and want to improve their strategies during open play. It's a guided open-play session with professional instruction.

Deadline Date: April 21, 2025

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
Website: www.recreation.wtmorris.org Office: (908) 876-5941

Name: _____ Medical Condition _____

Email: _____ Phone # _____

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** (SORRYNO REFUNDS)

Signature: _____ Date: _____

Participant Liability Waiver and Hold Harmless Agreement

Players must bring their own paddle

***** When paying online, please submit registration form via email *****



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**.

Print Name: _____

Signature: _____ Date: _____

Email Address: _____

Washington Township Employee Only:

Employee Initial: _____ Date Received: _____

50 Rock Road • Long Valley • NJ • 07853
Phone: 908.876.5941 • Fax: 908.876.0029
Email: recreation@wtmorris.net • Website: recreation.wtmorris.org