

Casual Pickleball Lesson Enrolment Form



Parent/Caregiver Details

| | | | |
|-------------------------|--|---------------------------|--|
| First Name: | | Surname: | |
| Address: | | | |
| Emergency Contact Name: | | Mobile: | |
| Email: | | Emergency Contact Mobile: | |

Casual Lesson Enrolment Details

| | | | |
|---------------------|--|---------|--|
| Child Name: | | DOB: | |
| Medical Conditions: | | Gender: | |
| | | | |
| Child Name: | | DOB: | |
| Medical Conditions: | | Gender: | |
| | | | |
| Child Name: | | DOB: | |
| Medical Conditions: | | Gender: | |

Acknowledgement

1. I acknowledge:

Participation in pickleball playing activities involves potentially vigorous physical exercise. I have been advised to consider my child's state of health for the purposes of participating in the activities, having regard particularly to their age, health history, weight and general physical fitness and condition; there is a risk of death, illness and injury inherent in participating in these pickleball playing activities and I accept the whole of that risk.

2. I acknowledge:

Power Pickleball staff are not medically trained and therefore not qualified to assess whether my child is in good physical condition and/or whether I can engage in active or passive exercise without detriment to my child's health or physical condition.

3. I unconditionally:

Release Power Pickleball from any liability, claim cost or expense arising out of the risks referred to in paragraph 1 above.

4. I give permission:

For my child to be photographed or videoed while participating in pickleball activities. I consent to these photos or videos being used for publicity purposes such as website and social media promotion. I also give permission to Power Pickleball to send me emails and SMS regarding pickleball promotions. All personal information will remain confidential.

5. I acknowledge:

No refund is given for missed lessons that have not been cancelled within 2 hours of the lesson start time. In the case of wet weather and High Street Hall being unavailable, make-up lessons will be provided on a Sunday that suits both parties.

Signature:

Signature of the Person Submitting this Form

Name:

Name of the Person Submitting this Form (print)

Date of Signature