

RIDEAU LAKES PICKLEBALL CLUB REGISTRATION FORM 2026

PARTICIPANT INFORMATION

Name _____ M ___ F ___ Cell Phone _____

(member #1) Email : _____

Name _____ M ___ F ___ Cell Phone _____

(member #2) Email: _____

Address _____

Pickleball involves physical activity. Do you have a health issue we should be made aware of?

Do you have your Doctor's permission to participate (Y/N)? _____

Please identify if you have any allergies: _____

Annual Pay of \$ 60 : Cash Cheque Etransfer to rideaulakespickleballclub@gmail.com

Permission to Photograph/Video

By signing this registration form, I give permission for the Township of Rideau Lakes to take pictures/videos of myself and/or family members that may be used in future publications and/or on the Township's website for the purpose of promoting the day camp/recreational activities, and sharing camp memories with families. I understand that the person(s) photographed/videoed *will not be identified*.

Waiver : By signing this registration form, I understand that there are risks involved in participating in any activity or program and I acknowledge that my choice to participate or register myself or my children in the above mentioned activity or program brings with it the assumption by me of those risks. I am aware of no physical or other reason why the above named person should not participate in this program. By submitting this form you understand and agree to the conditions of participation as set out by the Rideau Lakes Pickleball Club and waive any liability towards the Rideau Lakes Pickleball Club , its executive members and the Township of Rideau Lakes and its employees and agents from any claim whatsoever arising from my participation or from my children's participation in any program as stated above, or in any facility or location where the program is held.

Incident Report : By signing this registration form, I understand that it is my responsibilities to complete, sign and submit an incident form if any such incident occurs during club time.

Signature of Participant #1

Date

Signature of Participant #2

Date