

FIRST NAME

LAST NAME

EMAIL ADDRESS

PHONE NUMBER

HOME ADDRESS

EMERGENCY CONTACT PHONE NUMBER

EMERGENCY CONTACT NAME

ARE YOU A CASTLETON OR HUBBARDTON RESIDENT?

☐ Yes

☐ No

ARE YOU INTERESTED IN A MONTH PASS OR DAY PASS?

☐ Month Pass - June (reduced to \$5)

☐ Day Pass (reduced to \$2)

Release of Liability

I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I understand that the Town of Castleton does not carry health or accident insurance for participants of its programs and strongly advises participants to carry adequate coverage for themselves and their family. I understand that injuries are a possibility as a result of this activity. I agree to hold the Town of Castleton, Castleton Recreation Commission, or anyone associated with this program harmless for any responsibility or liability from any injuries or property damage which may arise from my child's/dependent's participation in this program. I also understand that my own medical and/or disability insurance will be used in the event of an injury in any program and that I will be directly responsible for any medical costs.

Photo Release

Signing below means you have read and agreed to the following: I hereby consent to the use of my or my child's/dependent's photo, video, etc. by the department for flyers, presentations, etc.

Refund Policy

Signing below means you have read and agreed to the conditions: refund requests received within 24hrs of submitting payment will be honored. Refund requests over 48hrs after purchase will be reviewed on a case by case basis.

PAYMENT: PICKLEBALL PASS

SIGNATURE