



PICKLEBALL CLINICS

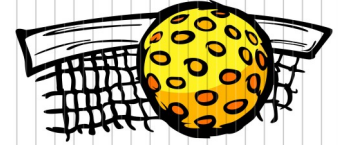
Friday, May 10th

Ken Henderson, an IPTPA Level 2 Certified Teaching Pro and a US Nationals Medalist, will join us to conduct 2 clinics for Pickleball Enthusiasts who wish to learn the sport or improve their game!



\$40/Clinic per Person

Please register for the clinic that best represents your skill level.



New Beginner/Beginner 11am–12:30pm

For players brand new to the game or who have only played a few times. You will learn the fundamental shots of the game including dinks, drives, volleys, serves and returns. We will also review the rules, scoring and positioning when playing doubles.

Advanced Beginner/Low Intermediate 1pm–2:30pm

For players who already know the rules and scoring of the game. Fundamental shots like dinks, 3rd shot drop, volleys, serves and returns will be taught. Doubles Matchplay analysis will be emphasized as we review strategy, positioning, and moving in unison with our partner.

Pre-registration is required in order to participate. **We are unable to accept same-day registrations.** Please complete this form and either email it to acofrancesco@bethany-ct.com or drop it off in our office at Town Hall. Checks can be made payable to Bethany Parks and Recreation. Online payments can be made at <https://www.websterpaymentlink.com/ebpp/bethanyparks/>

Name _____ Address _____

Telephone _____ Email address _____

Emergency Contact: Name: _____ Phone: _____

Any special concerns, needs or medical such as allergies, asthma, etc. ___yes___ no.

If yes please explain: _____



For office use only:
Pmt Type: _____
Amount: _____
Date Rec'd: _____

WAIVER OF TOWN LIABILITY:
Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE: _____ Date _____
(Participant)