

Summer 2018

Apple Valley Parks & Rec

Pickleball League



Michael H. Martin
Gymnasium
13467 Navajo Rd
Apple Valley, CA 92308

All ages

Mondays
League begins May 21
6pm- 9pm

Cost:
\$60/team
All equipment will be provided

For more info:
AVrecreation.org
760-240-7880



**Town of Apple Valley
Parks & Recreation Dept.**
14955 Dale Evans Parkway
Apple Valley, CA 92307
(760) 240-7880

Grab a partner and join us for our new Pickleball League Night! Played in two divisions Advanced and Beginning/Intermediate, teams of two will compete for 10 weeks.



**2018 Summer Pickleball League
Team Roster
Town of Apple Valley
Recreation Department
Agreement, Waiver, Release**

I, the undersigned, understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. The Town is not responsible for participants injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees from any and all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft or damage to either personal or Town equipment, articles or facilities while using said equipment, articles and/or facilities.

Team Name: _____

Player #1:

Name: _____ **DOB:** _____

Address: _____

Email Address: _____ **Phone Number:** _____
If none, please write "N/A"

Signature: _____ **Date:** _____

Player #2:

Name: _____ **DOB:** _____

Address: _____

Email Address: _____ **Phone Number:** _____
If none, please write "N/A"

Signature: _____ **Date:** _____

*Please turn in a completed roster along with your \$60 team fee to the Town Hall Recreation Center or Open Gym attendant. If you have any questions, please call 760-240-7880