



# PICKLEBALL



**Learn a combination of hand-eye coordination and mental focus to improve and develop fundamentals of Pickleball. Will also focus on awareness and character both on and off the court through team skill-building activities.**

**Register by September 29.**

**ACTIVITY:** 311040  
**WHO:** Ages 8-14  
**WHEN:** Tuesdays, 6:00-7:00 pm  
 October 3-November 14 (skip 10/31)  
**WHERE:** Robbinsdale Community Gyms  
 3730 Toledo Ave N, Robbinsdale  
**RATE:** \$65

|                             |          |          |          |
|-----------------------------|----------|----------|----------|
| CHARACTER. HAND. EYE. MIND. |          |          |          |
| <b>C</b>                    | <b>H</b> | <b>E</b> | <b>M</b> |
| MORE THAN TENNIS.           |          |          |          |

**Online registration is available at <https://webtrac.robbinsdalemn.com> or you can check the City's website: [www.robbinsdalemn.com](http://www.robbinsdalemn.com) for information or to follow the link to online registration.**

*Mail/drop off waiver form with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422.*

*Call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. using VISA, MC or Discover.*

Refunds, program credits or transfers are allowed up to registration deadline. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account to process the payment.

## PICKLEBALL—REGISTRATION & WAIVER FORM

Please print clearly. Make checks payable to City of Robbinsdale; 4100 Lakeview Avenue No., Robbinsdale, MN 55422

Youth's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Total AMT: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W or cell) \_\_\_\_\_

Contact's email: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Payment:  CASH  CHECK  CREDIT CARD

Credit Card Number: \_\_\_\_\_ 3 or 4 Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

**Please list any special needs or equipment participant may need:** \_\_\_\_\_

**Liability Waiver:** The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents. **Photographs** are occasionally taken and may be used for promotional purposes of the recreation programs we offer. If you wish not to be photographed, check here \_\_\_\_

**Signature** Participant or guardian, if participant is under 18 : \_\_\_\_\_ **Date:** \_\_\_\_\_