

TOWNSHIP of RIDEAU LAKES  
1439 County Road 8, Chantry, Ontario K0E 1G0

**PICKLEBALL REGISTRATION FORM 2025**

**PARTICIPANT INFORMATION**

Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age (if under 18) \_\_\_\_\_

Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

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: \_\_\_\_\_

**IF PARTICIPANT IS UNDER THE AGE OF 18**

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**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*.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**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.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date