



REGISTRATION FORM

Pickleball 2025-2026

Name: _____ Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____ City: _____ Zip: _____

Program Summary

Come join us at the La Sierra Community Center for indoor pickleball. Our Johnson Gym has 5 indoor courts for drop-in play. If you have never tried pickleball come see what the craze is all about but beware, you will get hooked.

Program Fees

Tuesdays & Thursdays
9am to 12pm

All games played at La Sierra Community
Center
Johnson Gymnasium (Big Gym)

5325 Engle Rd.
Carmichael, CA 95608

Program Fees

1-Day Pass

\$7 (R) \$8 (NR)

10-Visit Punch Card

\$50(R) \$53 (NR)

Payment:

Payment Type: Cash Check Credit/Debit

Total Amount Paid: _____

Check # (made to CRPD): _____ Cash Amount: _____

Credit/Debit Card: Card #: _____

Exp. Date: _____

CVV: _____

Signature: _____

Receipt #: _____



Carmichael Recreation & Park District
Pickleball October 28, 2025 – May 28, 2026

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTO AND LIABILITY RELEASE

By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CRPD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

PARENTAL/GUARDIAN CONSENT:(To be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my child, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature

Date

Name (Printed)