2025 Pickleball Camp Mission Township Park with Pickleball Pro Rodrigo Reyes

13871 Mission Park Drive

NAME_____

PERMANENT **MAILING** ADDRESS_____

CITY_STATE_ZIP_____

EMAIL ADDRESS_____

HOME #_____ SUMMER/CELL #_____

EMERGENCY CONTACT_____ EMERGENCY PHONE _____

SKILL LEVEL (CIRCLE ONE): **3.0-3.5** **3.75 - 4.0+**

SESSIONS (CIRCLE ONE): **S1** **S2** **BOTH S1 & S2 (same topics)**

MISSION TOWNSHIP RESIDENT **YES ($130)** **NO ($150)**

WAIVER OF LIABILITY AND ASSUMPTION OF RESPONSIBILITY

All registrants MUST read and sign this waiver before participating in the pickleball camp:

I hereby waive and release any and all rights and claims that I may have against Mission Township, its servants, agents, or employees, for any and all injuries or other damage arising out of or connected with participation in the above activities. I further agree and consent to emergency treatment of myself by a physician or hospital.

Participant Signature _____ **Date** _____/_____/_____

PLEASE SEND YOUR REGISTRATION TO THE EMAIL BELOW:
Coachrodrigoreyes@gmail.com

Method of payment:

- Venmo - @LuisRodrigo-Reyes // last four digits of my phone number '5488'
- Zelle – 405 898 5488
- Apple Pay – 405 898 5488
- Cash (Full amount first day of camp)

Office Use Only:

Fee Paid (Y/N) ____Amount Paid _____ Date _____ Venmo, Zelle, Apple Pay, Cash, Check _____