

BETWEEN THE LINES TENNIS & PICKLEBALL

PICKLEBALL GAMPS

Get 'em swingin'! Get 'em sweatin'! Get 'em movin'!

ADULTS: S:30 - 11AM JUNIORS: S:30 - 11AM

WHO?

WHEN?

WHERE?



May 26-29 June 2-5* June 9-12 June 16-19 June 23-26* July 7-10* July 21-24 July 28-31



2653 Shallowford Rd NE Marietta, GA 30066

*Juniors (ages 9-17) Only

REGISTRATION & PAYMENT

Please e-mail Coach Randy Venmo, Zelle, and checks payable to Randy Hancock



PLEASE SEE REVERSE SIDE FOR REGISTRATION AND MORE INFO

Name of Parent/Guardian: Email Address:	
Address: Street # Street Name City State Zip Code PLEASE CIRCLE WHICH DATE(S) THE PLAYER WILL BE ATTENDING: May 26-29 June 2-5* June 9-12 June 16-19 June 23-26* July 7-10* July 17-21 July 24-28 This program is run by Randy Hancock, Between the Lines Tennis. www.btltennis.net We have a genuine desire to improve your ability in the fun atmosphere of summer camps. The numb priority of our summer camp is to have fun. Yes, campers learn all the basics and perhaps a bit more of those who are ready. We place players into groups of similar ability and needs; we are mainly looking for current level of pour schedule is set to accommodate the summer temperatures. We start early and get good work in the heat sets in. A typical morning consists of warm-up, mechanics work, drills using the practiced mechanics. We shi games and competitive scenarios based on ability. Rainouts! We are only set up for outdoor activities. A few times every summer we need to cancel a dastop early due to rain. The head pro checks the weather every morning and flips a coin just like the professional forecasters. If the weather is questionable or could be turning questionable, call Randy Hancock at (770) 365-2246. Rainouts can be made up any other day of any other lesson session of the summer. JUST GIVE US 3 DAYS' NOTICE. All make-ups must be completed by last lesson date. Refunct to bring! All players should bring plenty of cold water, a hat or visor, and applied sunscreen. Depaddles will be available.	
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In order that the department assures compliance with ADA (Americans with Disabilities Act) , please make the staff who work with the program/facilities aware of any specific physical or service accessibility need, so that we can reasonably accommodate your request.	for olay. before ft to ay or e ds will
RELEASE AND HOLD HARMLESS AGREEMENT	
PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT Permission to Provide Emergency and how important it is to follow rules regulations	and
Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, nstructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the first my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County P.A.R.K.S. to organize any required medical or first aid procedure, or to undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that effort will be made to notify the individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County P.A.R.k Cobb County Recreation Board, the Cobb Arts Board, the Cobb County Board of Commissioners and Cobb Cou Georgia and any other person, firm, corporation charged or chargeable with responsibility or liability, their heir administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expens of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence ir connection with and particularly on account of all personal injury disability, property damage, loss or damages kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shad to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release	take the every (.S., the inty, is, is, loss in of any se of the

PLEASE FILL OUT AND READ THE FOLLOWING:

Age: _____ Date of Birth: ____

Player Name: _____

NOTE: Signature of participant and parent/guardian are both required if participant is under age 19, or is registered for a program for the mentally or physically challenged, or other special population member.

DATE: _____ SIGNATURE: ____

_____ SIGANTURE: ____