

# TREC



**We are excited to announce the commencement of Indoor Pickleball in the Warren J. Harang Municipal Auditorium.**

**Offered To :** Ages 18 & UP

**Open Registration:** Begins July 11, 2023

**Season:** Year Round subject to court availability

**Court Location:** Warren J. Harang Municipal Auditorium

**Annual Fee:** \$30 Individual (July - June)

**Registration Options:**

In person @ Peltier Park Recreation Center

Mail to PO Box 5418, Thibodaux, La. 70302

Online @ [www.ci.thibodaux.la.us](http://www.ci.thibodaux.la.us)

*(Checks Made Payable to: City of Thibodaux)*

Open play Pickleball sessions held within the Warren J. Harang Municipal Auditorium are exclusively designated for adults 18 and above. We understand the importance of fostering a conducive atmosphere for adult players to enhance their skills and enjoy the game amongst their peers. As such, registration for indoor pickleball at the municipal auditorium is mandatory.

There is no registration or age restriction required for outdoor pickleball behind the auditorium at Daigle Park and/or at the Peltier Park pavilion.

*For more information, please visit the Parks and Recreation page on the City of Thibodaux's website at [www.ci.thibodaux.la.us](http://www.ci.thibodaux.la.us) or give us a call at (985) 446-7235.*



REGISTRATION FORM

# PICKLEBALL

ALL REGISTRATION FEES ARE NON-REFUNDABLE, UNLESS PROGRAM IS CANCELED.

**PARTICIPANT INFORMATION:**

FIRST TIME PARTICIPANT (check box if "YES".)

ADDRESS CHANGE (check box if "YES".)

LAST NAME:

FIRST:

MIDDLE INITIAL:

ADDRESS:

CITY:

ZIP:

DATE OF BIRTH:

/ /

HOME PHONE:

CELL PHONE:

SERVICE PROVIDER

E-MAIL ADDRESS:

OTHER PHONE:

I agree to receive text messages from the City of Thibodaux.

PLEASE LIST ANY MEDICAL CONCERNS:

**PERSONAL EMERGENCY CONTACT INFORMATION**

**1ST PERSON TO NOTIFY IN CASE OF EMERGENCY**

NAME:

CELL: ( )  
(if applicable)

HOME: ( )  
(if applicable)

**2ND PERSON TO NOTIFY IN CASE OF EMERGENCY (if applicable)**

NAME:

CELL: ( )  
(if applicable)

HOME: ( )  
(if applicable)

**DOCTOR EMERGENCY CONTACT INFORMATION**

DOCTOR:

PHONE:

Signature of Participant

Printed Name of Participant

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There is no registration or age restriction required for outdoor Pickleball behind the auditorium @ Daigle Park and/or at the Peltier Park pavilion.

**PAYMENT DETAILS:**

PLEASE MAKE CHECK PAYABLE TO:

**CITY OF THIBODAUX**

MAIL PAYMENT TO:

Parks & Recreation Department

P.O. Box 5418

Thibodaux, Louisiana 70302

FEE: \$30 for annual registration

**TREC OFFICE USE ONLY: (Please do not write below this line).**

AMOUNT PAID: CASH  CHECK  CREDIT CARD

\$

No.

Type:

INCODER

ACTIVE NET

Mail Rec'd  
Date:

**“READ BEFORE SIGNING”**

State of Louisiana  
Parish of Lafourche

ACKNOWLEDGMENT

1. I, the undersigned, do hereby understand and acknowledge the following:
  - A. That participation in the TREC Pickleball Program requires a certain degree of physical exertion, exercise and endurance, which can be strenuous and tiring;
  - B. That as a result of the physical demands of the TREC Pickleball Program, there is always the possibility of the occurrence of an accident and physical injury or the onset of injury which is gradual and which may not be immediately apparent.
2. Notwithstanding the above and in consideration of my being permitted to participate in TREC Pickleball Program, at the Warren J Harang Municipal Auditorium. I, the undersigned do hereby agree to assume the risk of such accident and injury, regardless of fault, as a result of engaging in said TREC Pickleball Program and to hold harmless, defend and indemnify the instructor, and/or any and all other part time or substitute instructors acting for and on behalf of the City of Thibodaux and the Thibodaux Recreation Department and their principals, agents, employees, representatives and assistants, of and from any claims that may be made or asserted by me or anyone on my behalf as a result of my engaging in the TREC Pickleball Program, held at the Municipal Auditorium, through the Thibodaux Recreation Department, whether or not such claims are made by way of indemnity, contribution, subrogation or otherwise.
3. I further declare that I know of no physical or medical condition which would prevent my participation in the TREC Pickleball Program or which would cause me to sustain injury or illness as a result of such participation.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_