



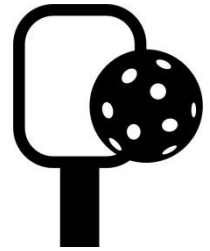
Spring 2024 Programs Pascal Senior Activity Center

Pickleball

Beginners will learn to play America’s fastest growing sport! The participants will learn the basics of the game, how to serve the ball, and the importance of footwork and anticipation. Participants will learn how to score points and call the score before serving. Lots of fun and exercise too!

Intermediate/Advanced will learn strategy and become more consistent players. Practice drills for better footwork and placing proper placement shots against your opponents. Learn more about using “The Kitchen” to set up winning points. Strategic doubles game play will be incorporated.

Instructor: Sharon Tiaht



| <u>Class #</u> | <u>Location</u> | <u>Day</u> | <u>Time</u> | <u>Starts</u> | <u>Cost</u> |
|----------------|--------------------|------------|----------------|---------------|--------------|
| 36314 Int/Adv | Sawmill Creek Park | Wed | 9:00-11:00am | April 3 | \$40 – 8 wks |
| 36313 Beginner | Sawmill Creek Park | Wed | 11:00am-1:00pm | April 3 | \$40 – 8 wks |

301 Dorsey Road, Glen Burnie 21061

*Registration form is on the back. You may register in-person at the Pascal Senior Activity Center with a check or money order, **OR** mail the registration form (along with a check or money order) to:*

Anne Arundel County Recreation & Parks
1 Harry S. Truman Parkway
Annapolis, Maryland 21401

Please call the Pascal Senior Activity Center with questions
www.aacounty.org/recparks – 410-222-6680

REGISTRATION FORM

Anne Arundel County Department of Recreation & Parks

1 Harry S Truman Parkway Annapolis, MD 21401 Phone: 410-222-7313 / 301-261-8036 www.aacounty.org/recparks

PLEASE PRINT

Parent/Guardian or Adult Participant: _____ Date of Birth: _____

Phone: Home _____ Cell _____ Work _____

Parent/Guardian or Adult Participant: _____ Date of Birth: _____

Phone: Home _____ Cell _____ Work _____

Participant's Address: _____

City _____ State _____ Zip _____

Parent/Guardian or Adult Participant Email Address :

(Program Updates & Cancellations) _____

Emergency Contact (Other than Parent/Guardian): _____

Phone: Home _____ Cell _____ Work _____

PROGRAM REGISTRATION

| PARTICIPANTS NAME & PHONE NUMBER | GENDER | DATE OF BIRTH | GRADE AS OF 9/23 | PROGRAM NAME | PROGRAM NUMBER | FEE |
|----------------------------------|--------|---------------|------------------|--------------|----------------|-----|
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In consideration of the Department of Recreation & Parks accepting me/my child(ren) in the program, I agree to release & discharge Anne Arundel County, its employees, and agents from any injuries sustained by my child/myself as a result of participation in this program. I agree to indemnify and hold harmless Anne Arundel County, its employees and agents against any liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, its employees and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing disability, including but not limited to allergies. Recreation & Parks will be notified of any such disability/sensitivities in writing prior to attending this program.

Participants may at some time be photographed for publicity purposes.

Parent/Guardian or Adult Participant Signature: _____ Date _____

To ensure appropriate accommodation if you or your child has been identified with a medical condition, disability or special needs plan, please note the information on the registration form. Contact the Registration Office for questions or requests for accommodations. Call 410-222-7313 or TTY users via Maryland Relay 711 or email RecRegistration@aacounty.org.

Special Need/Accommodation: _____

2nd Party Payee Information (if different from Parent/Guardian)

Name: _____ Relationship _____ Phone _____

Address: _____

City _____ State _____ Zip _____