

**Township of North Kawartha Department of Parks and Recreation** 

280 Burleigh Street, PO Box 550, Apsley, ON K0L 1A0 Tel: 705-656-4445 | 1-800-755-6931 | Fax: 705-656-4446

www.northkawartha.ca

## 2025 WILSON PARK PICKLEBALL AND TENNIS COURT MEMBERSHIP FORM

## Club Membership Fees:

- 1. Seasonal Membership \$50.00
- 2. After August 16, 2025 a Seasonal Membership is \$25,00

court key is lost, there will	be a \$20.00 Replacement Fe	ee.		
Name (Please Print):				
Cell Phone:	Home Phone:		Cottage Phone:	
E-mail address:	<u>'</u>			
Permanent Address:		City:		Postal Code:
Seasonal Address:		City:		Postal Code:
Your Club membership is intended for? (Circle one)	Pickleball	Tennis	Both	•
<ul> <li>Department at 705-656</li> <li>Players must have a m (inclusive).</li> <li>Club members shall no</li> <li>If there are players was</li> </ul>	tamper with court equipment 3-4445 ext 252. You may also embership to enter the court at allow others to use their countified in the courteous at the courteous	e-mail g.gerald area during Clul rt key. This ma and restrict yo	li@northkawartha.ca b-reserved court times y result in Membership our play to 45 minutes	. Tuesday to Thursday forfeiture.

## C

- Do not walk behind players to cross a court when play is in progress; wait until rally or point stops.
- Do not retrieve your ball if it goes into another court; rather ask for it to be returned when there is a pause in play on that court.
- Only running shoes or tennis shoes may be worn on the courts.
- Bicycle riding, skate boarding and roller skating are not allowed on the courts.
- User Assumes All Risks and Liability.

## Waiver

Acknowledging that Tennis and Pickleball are activities which have the potential for injuries, I agree that The Township of North Kawartha, its committee members, employees and volunteers shall not be liable to me for any injury or damage resulting directly or indirectly from my participation in Tennis and/or Pickleball, where incurred on the Courts at the Wilson Park Community Centre or otherwise in or about the buildings and park. I further agree that I discharge The Township of North Kawartha, its committee members, employees and volunteers of all actions, claims and demands I or my family may have for any injury or damage.

I have read and understood the terms and conditions of the above rules and waiver.

Name (Please Print)	
Signature:	<mark>Date:</mark>