



# Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

Parks & Recreation

Sherri Hutton Gurmon, Director

## Mansfield Parks & Recreation 2021 Adult Fall Pick-Up Pickleball League

Join us for the first session of our Pick-Up Recreational Pickleball League!

**\* New/Experienced players are welcome \***

**(Please bring your own Pickleball paddle)**

**WHERE:** Plymouth Street Tennis Courts, 50 Plymouth Street  
**WHEN:** Tuesday / Thursday mornings  
6-week session, September 21 – October 28  
9:00-11:00am  
**FEES:** Residents: \$25.00, Non-Residents: \$35.00  
Checks payable to: Town of Mansfield



### REGISTRATION:

- Any returned checks will be subject to a \$25.00 non-refundable service charge
- The league is limited to 30 participants
- Registration is on a "first come, first served" basis
- We accept cash or checks, checks payable to: Town of Mansfield, and online registration can be found at, <https://www.mansfieldma.com/232/Parks-Recreation>
- You may also register in person at the Town Hall at Six Park Row, the office is open Monday, Tuesday and Thursday from 8am to 4pm; Wednesday from 8am to 8pm and 8-noon Friday
- Registrations/payments can be left in the Town Payment Drop Box located at the corner of Park Row and South Main Street. Please label envelopes: Recreation Department.
- **REFUND POLICY:** There are no refunds once registered, no exceptions

### **Participants are required to adhere to the following guidelines:**

- Participants must show no signs or symptoms of COVID-19 for 14 days or have not been exposed to a COVID positive person to attend/participate. Current list of symptoms is available here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

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## Mansfield Parks & Recreation 2021 Fall Pick-Up Pickleball League

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned, will not hold the Town of Mansfield or any of its employees, volunteers, Recreation Commission, Park & Recreation Director, liable in the event of a mishap, personal injury, damage or loss of property during the above listed program. My signature represents release of all liability as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_