Participant Application

PARTICIPANT INFORMATION & PICKLEBALL GOALS

Please complete this form before the participant's first class. Information is used to support a safe, welcoming and successful pickleball experience.

PARTICIPANT INFORMATION

Participant legal name

Age

Nickname

Participant phone (if applicable)

Street address

City, state and ZIP

Participant email

PARENT, GUARDIAN OR PRIMARY CONTACT

Name

Relationship

Phone

Email

EMERGENCY CONTACT

Name

Relationship

Primary phone

Alternate phone

PICKLEBALL STARTING POINT & GOALS

- [ ] Brand new to pickleball
- [ ] Has played a little
- [ ] Plays regularly

Pickleball interests (check all that apply)

- [ ] Beginner instruction
- [ ] Small-group lessons
- [ ] Private lessons
- [ ] Social play
- [ ] Clinics / workshops
- [ ] Events / outings

What would the participant like to learn or accomplish? / Top goals (skills, movement, confidence, friendship or fun)

LEARNING AND COMMUNICATION

Best ways to give instructions (check all that apply)

- ☐ Visual demonstration / Show me
- ☐ Verbal instruction / Tell me
- ☐ Tactile / hands-on cues
- ☐ Repetition
- ☐ One step at a time
- ☐ Let me practice

Communication preferences, helpful prompts or extra processing time needed

Interests, strengths and what motivates the participant / Favorite interests, topics, music, teams or rewards

How should coaches provide correction or feedback? / Anything else that makes learning easier or more enjoyable?

BEHAVIORAL, EMOTIONAL AND SENSORY SUPPORT

Situations that may cause anxiety, frustration or dysregulation

Warning signs coaches should recognize / Signs that a break is needed

What helps the participant feel safe, calm and ready to rejoin? / What does a helpful break look like?

Sensory preferences or sensitivities (noise, lighting, crowds, touch or other)

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ACCESSIBILITY, HEALTH, SAFETY & PAYMENT

COURT SUPPORT AND ACCESSIBILITY

☐ Support person will attend ☐ Sometimes ☐ Not needed

If attending, how can the support person best help?

Vision, hearing, mobility, balance or equipment considerations

Movements to encourage, modify or avoid

MEDICAL AND SAFETY INFORMATION

Medical diagnoses or health conditions relevant to participation

Allergies and required response

Emergency medications carried during class and who may administer them

☐ History of seizures: Yes ☐ No

If yes: type, last occurrence, triggers, warning signs and response plan

Other safety information / Court-safety concerns or supervision needs

SELF-DIRECTION / PAYMENT INFORMATION

☐ Private pay ☐ Self-Direction / FI direct billing ☐ Other

Fiscal intermediary (FI)

FI contact name

FI phone

FI email

Participant Application

CONSENT, POLICIES & SIGNATURE

PARTICIPATION ACKNOWLEDGMENT

I understand that pickleball and related activities involve physical movement and ordinary risks, including falls, contact with equipment, balls, nets, courts and other participants. I have shared information relevant to safe participation. I agree to follow facility rules and coach safety instructions. I understand that Serve Up Pickleball may recommend a different class format, added support or medical clearance when reasonably needed for safety. This form does not replace medical advice.

- [ ] I have read and agree to the participation acknowledgment.

PHOTO AND VIDEO CHOICE

Please select one. Choosing no will not affect participation.

- [ ] YES - I permit Serve Up Pickleball to use photos/video for its website, social media and program promotion.
- [ ] NO - Please do not use identifiable photos/video of this participant.

CANCELLATION AND RESCHEDULING POLICY

Please provide at least 24 hours notice when canceling. When space and staffing allow, an eligible makeup class should be completed within 10 days of the missed class. Makeup classes are not guaranteed and must be scheduled in advance. Repeated missed classes without notice may result in loss of a reserved recurring time. Facility closures or instructor cancellations will be rescheduled or credited.

- [ ] I have read and agree to the cancellation and rescheduling policy.

SIGNATURE

Printed name of participant or parent / guardian

Relationship

Electronic or handwritten signature

Date

A GREAT FIRST CLASS

What would make the first session feel successful?

Anything else you want the coaching team to know?

Thank you for helping us create instruction that is safe, respectful and matched to the participant's goals.

SERVE UP PICKLEBALL INC.

PARTICIPANT POLICY | ASSUMPTION OF RISK | RELEASE & WAIVER

Participant Name: _____ **Date of Birth:** _____

Parent/Legal Guardian (if under 18): _____

1. PARTICIPATION & ASSUMPTION OF RISK

I understand that pickleball, instruction, drills, games, exercise, warm-ups, movement on or around courts, and related recreational activities involve inherent risks. These risks may include, without limitation, slips, trips, falls, collisions with players, nets, fences, walls or other objects; being struck by a ball, paddle or equipment; strains, sprains, fractures, cuts, bruises, overexertion, dehydration, and aggravation of a pre-existing condition. I understand that injuries may be serious and that no athletic activity can be made completely risk-free. I voluntarily choose to participate and knowingly assume the inherent risks associated with pickleball and related activities to the fullest extent recognized by New York law.

2. FACILITIES & EQUIPMENT

I understand that Serve Up Pickleball Inc. may conduct programs at independently owned or operated facilities and may use courts, equipment, instructors, or other services provided by third parties. I agree to follow applicable facility rules and immediately report any unsafe condition, damaged equipment, or injury to Serve Up Pickleball Inc. staff.

3. PARTICIPANT RESPONSIBILITY

I agree to follow safety instructions, instructor directions, court rules, and equipment requirements; use reasonable care for my own safety and the safety of others; and participate within my abilities. I will stop participating and notify staff if I feel unsafe, ill, injured, dizzy, unusually fatigued, or unable to continue. I am responsible for providing information or requesting reasonable accommodations that may be necessary for safe participation.

4. RELEASE & LIMITATION OF LIABILITY

To the fullest extent permitted by applicable New York law, I release and hold harmless Serve Up Pickleball Inc. and its directors, officers, employees, instructors, coaches, contractors, volunteers, and agents from claims arising from the ordinary and inherent risks of my voluntary participation in pickleball and related program activities. **Nothing in this agreement is intended to waive, release, limit, or exclude liability that cannot lawfully be waived under New York law.** This agreement shall not be interpreted as releasing any person or entity from liability where such a release is prohibited or unenforceable by applicable law.

5. MEDICAL EMERGENCY AUTHORIZATION

If an injury or medical emergency occurs and I am unable to provide instructions, I authorize Serve Up Pickleball Inc. personnel to contact 911 and obtain reasonable emergency assistance. I understand that Serve Up Pickleball Inc. does not provide medical services or guarantee the availability of medical personnel. I accept responsibility for medical expenses incurred on my behalf.

SERVE UP PICKLEBALL INC.

PARTICIPANT CONDUCT, PROGRAM POLICIES & SIGNATURE

6. RESPECTFUL & APPROPRIATE CONDUCT

Serve Up Pickleball Inc. is committed to a safe, respectful, welcoming environment. Participants, parents, guardians, caregivers, guests, and others attending a program are expected to treat participants, instructors, employees, facility staff, and others appropriately. Prohibited conduct includes threatening, intimidating, abusive, aggressive, harassing, discriminatory, sexually inappropriate, destructive, or repeatedly disrespectful behavior; fighting or unwanted physical contact; intentional misuse of equipment or facilities; conduct that materially disrupts instruction or another person's participation; or conduct that creates a significant safety concern.

7. SAFETY DIRECTIONS & PROGRAM PARTICIPATION

Participants must follow reasonable safety rules and staff instructions. Serve Up Pickleball Inc. may modify an activity, pause participation, require a participant to leave an activity or facility, or take other reasonable safety measures when necessary to address unsafe conduct, repeated disregard of instructions, significant disruption, or a material risk to the participant or others.

8. RIGHT TO REFUSE, SUSPEND OR DISCONTINUE SERVICE

Serve Up Pickleball Inc. reserves the right, subject to applicable law and without unlawful discrimination, to refuse, suspend, or discontinue participation when conduct creates a safety concern, materially disrupts a program, interferes with instruction or other participants' ability to participate, damages property, violates facility rules, or otherwise presents a significant safety or operational concern. When reasonably appropriate, staff may provide a warning or an opportunity to correct behavior. Immediate removal may occur when reasonably necessary to protect participants, staff, guests, or the facility.

Removal, suspension, or refusal of service will not be based on disability or any other characteristic protected by applicable law. Reasonable accommodation requests will be considered as required by applicable law. Serve Up Pickleball Inc. may document incidents and communicate program-related safety or conduct concerns to the participant or, when appropriate, the participant's parent or legal guardian.

9. PERSONAL PROPERTY

Participants are responsible for their personal belongings. To the fullest extent permitted by law, Serve Up Pickleball Inc. is not responsible for lost, stolen, or damaged personal property unless liability is imposed by applicable law.

10. ACKNOWLEDGMENT

I acknowledge that I have had the opportunity to read this two-page document before signing it. I understand the nature and inherent risks of participation, agree to follow Serve Up Pickleball Inc. policies and reasonable safety instructions, and voluntarily agree to these terms. If signing for a minor, I represent that I am the minor's parent or legal guardian and have authority to sign this acknowledgment on the minor's behalf.

Participant Signature: _____ **Date:** _____

Parent/Legal Guardian Signature (if applicable): _____ **Date:** _____

Emergency Contact: _____ **Phone:** _____

Important: This document is intended as a participant acknowledgment and program policy. It does not replace insurance coverage or legal advice. Serve Up Pickleball Inc. should have the final form reviewed by New York counsel before use.