



The Municipality of the
VILLAGE OF VILLAGE OF BURK'S FALLS

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0
P 705-382-3138 • F 705-382-2273 • www.burksfalls.net

Adult & Seniors Pickleball/Badminton Program

Adults & Seniors 10:00am-11:30am

Please return registration forms **by October 30th @ 5PM**. Registration forms will be accepted at the Burk's Falls Village Office. This program will run Wednesday's for 4-weeks beginning November 3rd, 2020 and ending November 24th, 2020. Equipment Provided.

**Located on the arena ice surface at the ARBF Arena
220 Centre St. Burk's Falls**

Cost for 4-Week program \$20.00

NO SPECTATORS

FACE COVERINGS ARE PROVIDED FOR ALL PARTICIPANTS

If you wish to register for the Pickleball/Badminton program, please complete the application below. Please note that there is limited amount of registrations available in this program and acceptance is on a first come, first served basis for paid registration. Registration will close once the program is full, additional participants will be added to a wait list.

This program relies on community volunteers. Volunteers are needed for program instruction. Highschool students are welcome to volunteer to obtain volunteer hours.

The Village of Burk's Falls Office (705) 382-3138

Cash, debit or cheque payable to: The Village of Burk's Falls

THE PICKLEBALL/BADMINTON PROGRAM REGISTRATION IS TO BE RETURNED TO THE VILLAGE OFFICE
One individual per application form, information collected will be shared with the volunteers.

First Name: _____ Last Name: _____ TEL #: _____

ADDRESS: _____

AGE AS OF NOVEMBER 3rd, 2020 (Please select one)

18-28 _____ 29-39 _____ 40-50 _____ 51+ _____

EMAIL ADDRESS: _____

*****PLEASE PROVIDE AN EMAIL ADDRESS. IT WILL GREATLY IMPROVE THE COMMUNICATIONS BETWEEN ALL PARTICIPANTS*****

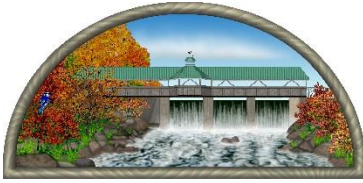
EMERGENCY CONTACT:

NAME: _____ TEL#: _____

Are there any allergies or medications that organizers should be aware of while yourself/child is participating in this event? (use the back of paper if necessary).

PARTICIPANT SIGNATURE: _____

Incomplete registration forms or registrations without full payment will not be accepted.



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**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISK AND INFORMED CONSENT**

By signing this document, you understand and accept the risks associated with the Event for yourself/your child as his or her parent or legal guardian. Please read carefully!

In consideration of permission, granted now or in the future by the Village of Burk's Falls (The Village) to participate in

_____(The Event) on _____, 20____, I
agree and acknowledge that:

1. _____ (Myself/my Child) has met all the prerequisites required for participation in The Event and will abide by its rules and regulations.
2. Participation in The Event has risks and hazards including risks associated with the novel corona virus and COVID-19. As a participant, Myself/my Child may suffer property damage, personal injury, and even death. I freely and voluntarily assume all the risks and hazards of participation, including any legal risks. This means that I am giving up My/my Child's right to sue the Village for any reason, including The Village's negligence, if Myself/my Child suffers any damage, injury, loss or death by participating in the Event.
3. I waive any claim I may have against The Village arising from Myself/my Child's participation in The Event, however it is caused, and I agree to indemnify and hold harmless The Village from all claims arising from Myself/my Child's participation in The Event.

DATED at The Village of Burk's Falls, Ontario this _____ day of _____, 20

List Participant Name(s)
1.
2.
3.
4.
5.

Signature of Participant/
Parent/Legal Guardian 18+



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Burk's Falls Pickleball/Badminton COVID-19 Policies and Procedures

Overview

The Village of Burk's Falls goal is to mitigate the spread of Covid-19 by following the guidelines from the North Bay Parry Sound District Health Unit. Our staff, volunteers and participants health and safety are important to us as we work together to prevent the transmission of COVID-19.

Purpose

To ensure the health and safety of the Village of Burk's Falls Municipal staff, volunteers and program participants, while attending our facilities and programs. All outlined procedures will remain in effect for the entire duration of the program you are participating in.

Scope

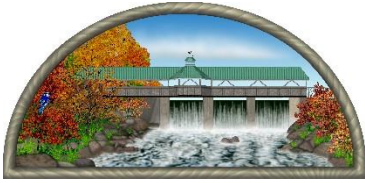
This policy must be followed by all staff and participants to mitigate the spread of COVID-19.

Safety Measures

- Face coverings to be worn upon entrance to the facility unless exempt for a personal/medical reason
- Hand sanitization stations will be set up just inside the arena doors (participants must sanitize upon entrance to the facility)
- Participants are required to wear a face covering unless engaging in an activity in which case they must maintain a physical distance of 2m/6ft
- Couples can play doubles all other participants must play singles
- Should a player switch courts all equipment must be sanitized between transfer of players with paper towel and spray sanitizer
- All participants must supply their own water
- A designated entrance and exit to the facility will be in place to allow the 2nd group to enter the facility without meeting the 1st group
- No spectators allowed
- No prolonged contact

Procedures

- Face coverings to be worn upon entrance to the facility unless exempt for a personal/medical reason
- Participants must use the hand sanitizer stations placed just inside the main entrances
- Enter the ice surface from the left-hand side and find a chair on the ice surface
- Physical distancing is required at all times (2m/6ft)
- All participants must wash and sanitize their hands after using the washroom and if you cough/sneeze into your hands



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Staff Policy

- Responsible for enforcing the Pickleball/Badminton Program Policies and Procedures
- Must follow all guidelines laid out by the North Bay Parry Sound District Health Unit
- Clean commonly touched surfaces and disinfect equipment as needed
- Educate participants on cleaning equipment during the program
- Staff will not attend the program if they are ill, another staff will fill in
- Must always keep a physical distance of (2m/6ft) distance from all volunteers and participants even while instructing

Documents/Resources

- <https://www.myhealthunit.ca/en/health-topics/coronavirus.asp>

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND THE PICKLEBALL/BADMINTON COVID-19 POLICY AND I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participants Name

Date

Participants Signature 18+

Parent/Guardian Name

Date

Parent/Guardian Signature