



Pickleball Club

March Madness Tournament at Dave Marshall's Tennis and Fitness Center

Friday March 10, 2017 2:30 until done (approximately 7:30)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____ Skill level: _____

Gender: (circle one) Male Female

****Cost: \$15.00 per person. Make checks payable to FSPC****

Send to: **Dudley Sluder 33611 Wilgus Cemetery Rd. Frankford, DE 19945**

Brackets: (circle one) 3.0 and under 3.5 and over Age _____

Format: Round Robin determined by the # of entries. Tournament Director reserves the right to change format and brackets to create a better tournament.

Women's Doubles: 20 Teams Max Partner's Name: _____ Age _____

Men's Doubles: 20 Teams Max Partner's Name: _____ Age _____

Mixed Doubles: 40 Teams Max Partner's Name: _____ Age _____

Emergency Contact: _____ Phone: _____

Registration Deadline: Tuesday March 7 2017.

WAIVER AND RELEASE OF LIABILITY

In consideration of this entry being accepted and desiring to be legally bound to myself, my heirs, assign, executors, administrators, etc. I am aware that there are risks and dangers inherent in participation and/or receiving instruction in this activity. I hereby release the sponsors, officials, First State Pickleball Club Inc. and all those associated with this event, of all claims for injuries and damages incurred or arising from my participation in the pickleball tournament, and any other photograph, videotape, motion picture, recording and any other record of this even my likeness, name for any purpose, including publicity material.

By signing below, I understand and agree to the "waiver and release of liability". I understand that I will also sign a waiver for the Dave Marshall Tennis and Fitness Center on the day of the tournament.

Signature _____ Date _____

Print name _____

