



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



BIG DILL PICKLEBALL TOURNAMENT OF CHAMPIONS

Sponsored by Best Western Plus ClockTower Inn

Get ready for the 3rd Annual USAPA Sanctioned Big Dill Pickleball Tournament of Champions at the Billings YMCA. We will be utilizing **9 indoor courts** for this tournament to play singles, doubles and mixed doubles.

- Where:** Billings Family YMCA, Billings, MT, 402 N. 32nd Street, 59101
- When:** Friday-Sunday, April 14-16 play begins Friday with singles.
- What:** 2 ages levels 19+ and 50+ with 3.0, 3.5, 4.0, 4.5, 5.0 skill levels. Skill levels will be combined if necessary. Best 2 out of 3 to 11 in the winner's bracket and 1 to 15 in the lower bracket. Need a partner; we will try to find to find one for you. No guarantees!
- Cost/Rules:** \$38 for the 1st event, \$8 for each additional event and we are going by USAPA Rules.
- Time:** Friday @ 5pm play begins. Please provide your email address so we can send you the exact times for when your games begin. Early Entry fee deadline March 11th, 2017. Add an additional \$10 after that date
- Prizes:** 1st place singles win a pickleball paddle (must have 6 or more in your division to qualify) while 2nd & 3rd win various pickleball prizes. 1st place doubles will win pickleball gear, while 2nd & 3rd win various pickleball prizes.
- Registration:** Sign up online at [Billings YMCA](http://BillingsYMCA), through our membership staff at the Y, by mail or Make checks payable to the Billings YMCA. Deadline to register is April 3rd. Register before March 11th to get your tournament shirt. Anyone who registers after will not get a shirt.
- Contact:** Chris Watts, 406-294-1630 or e-mail: cwatts@billingsymca.org;
- Lodging:** Best Western Plus ClockTower Inn: 406-259-5511

(Please check each box you are playing in and write partners name in) **USAPA Rating/Number:** _____

	M	W		Partner
Singles				
Doubles				
Mixed Doubles				

Name: _____ Contact #: _____

Email: _____

Birth Date: _____ Address: _____

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WAIVER:

In consideration for participating in Billings Family YMCA Activities, I hereby release, waive, discharge and hold harmless Billings Family YMCA, their officers, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of, or related to any loss, damage, or injury that may be sustained by me, my children, or to any property belonging to me, regardless of the cause; including negligence, while participating in such activity, or while upon the premises where the activity is being conducted or in transportation to and from said premises.

I certify that I or my children's present level of physical condition is consistent with the demands of active participation. I am fully aware of risks and hazards connected with the activity, and I hereby elect to voluntarily participate or to have my children participate in said activity and assume the risks associated with the activity.

I further hereby agree to indemnify and hold harmless RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may be incurred due to my participation or my children's participation in said activity, whether caused by negligence of RELEASEES or otherwise.

I understand that the Billings Family YMCA will not be responsible for any medical costs associated with an injury I or my children may sustain.

I further agree to become familiar with the rules and regulations of the Billings Family YMCA concerning my conduct or the conduct of my children and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity. I will further assume the complete risk of any activity done by me or my children in violation of any rule, directive, or instruction.

I give my permission to the Billings Family YMCA to use photographs, film footage, or tape recordings which may include my or my children's image or voice for purpose of promoting or interpreting YMCA programs.

In signing this release, I acknowledge and represent that I am at least eighteen (18) years of age, I have read and understand this waiver, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

Print Name: _____ Signature: _____

Payment Information:

Cash Check Charge

Check #: _____

Card Type: ___ AmEx ___ VISA ___ MC ___ Discover ___

Card #: _____

Card Expiration Date: ____/____/____

3-4 digit security # in signature block: _____

Name on card: _____
