



## Annual Holiday Pickleball Tournament

**Date & Times: Friday, Dec. 30, 2016 – Check in and warm-up @ 8:00 am / Pool Play starts @ 10:00 am**  
**Men's & Women's start time 9:00 AM/ Mixed Doubles start time 3:00 PM**

3.5 level and under

4.0 – 4.5 Open men's women's and mixed doubles

(60 and over) men's, women's mixed doubles

**Events:** Women's Doubles \_\_\_\_, Men's Doubles \_\_\_\_, Mixed Doubles \_\_\_\_ All Ages (18 & Over) and Skill Levels

**Entry Deadline:** Entries must be received by Tue., Dec. 22, 2016.

**Entry Fees:** Entry Fees are \$ 25 Non-Club member/ \$20 Club member for the first event and \$ 10 for each additional event.

Please make checks payable to **The Tennis Club**. Fees are non-refundable. Prizes will be awarded.

Proceeds are to raise money for junior tennis scholarships.

**Mail To:** The Tennis Club, PO Box 95, Zullinger, PA 17272 **before Dec. 22nd**

**Location:** The Tennis Club, 4880 Buchanan Trail East, Waynesboro, PA 17268

Website: [www.tennisclubofpa.com](http://www.tennisclubofpa.com)

**Format of Play:** Round robin pool play with winners advancing. USAPA rules will be followed. Players will call their own games and scores, unless disagreements cannot be resolved. Clarifications and decisions rest with the tournament director.

**Questions:** Contact Bill Wissinger ( [wctennisclub@gmail.com](mailto:wctennisclub@gmail.com) or [wctennisclubofpa.com](http://wctennisclubofpa.com)) 717-762-3922

Please print, complete, and mail this registration form **before Dec. 22nd** to The Tennis Club.

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**Gender (M or F):** \_\_\_\_ **Skill Level:** \_\_\_\_ **Tennis Club member:** \_\_\_\_ (yes or no)

**Name:** \_\_\_\_\_  
LAST FIRST MI USAPA Member Number (if required)

**Address:** \_\_\_\_\_  
City State Zip

**Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **T-shirt Size** \_\_\_\_\_ (S, M, L, XL, XXL)

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Total Money Enclosed With Your Entry:** \$ \_\_\_\_\_ or Call 717-762-3922 with credit card

**I APPLY FOR ENTRY IN THE FOLLOWING EVENTS ---- (CIRCLE EVENTS AND CHECK BOXES)**

Men's Doubles  Women's Doubles  Mixed Doubles  60 and over  3.5 and under

Partner's Name Partner's Phone T-shirt Size Email

Doubles.. \_\_\_\_\_

Mixed .... \_\_\_\_\_

Please sign and date the waiver on the second page, and return it with your registration, thanks!

## RELEASE, PERMISSION, AND INDEMNITY AGREEMENT

**Waiver** In consideration of being permitted to participate in any way in The Tennis Club Tournament (“the Tournament”), I, for myself, my heirs or assigns, **do hereby release, waive, discharge and covenant not to sue** The Tennis Club, its officers, employees and agents from liability **from any and all claims** resulting in personal injuries, accidents or illnesses (including death) and property loss arising from my participation in the Tournament.

**Assumption of Risk** participation in the Tournament carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but include 1) minor injuries such as bruises, sprains and dehydration, 2) major injuries such as eye injuries, joint, bone or back injuries, heat stroke, heart attacks, and concussions, and 3) catastrophic injuries such as paralysis and death. **I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in playing pickleball. I assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnify and hold harmless.** I also agree to indemnify and hold The Tennis Club harmless from any and all claims, actions, suits, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the Tournament.

**Use Permission.** I also give The Tennis Club Pickleball Tournament and its agents and designees permission to use or distribute my image, name, voice, and words for promotional purposes on The Tennis Club’s website.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if Minor

\_\_\_\_\_  
Print Name of Minor’s Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor’s Age