2017 Connecticut Masters' Games

Brought To You By UnitedHeathCare

Pickleball Tournament

When & Where:

Saturday, May 20th & Sunday, May 21st
Wesleyan University
Freeman Athletic Center (12 Courts)
45 Wyllys Ave, Middletown, CT 06459

Entry Fee:

$45.00

Age Groups:

30-39, 40-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-94

Registration Deadline: Monday, May 1st

Match schedule is subject to change, but will generally follow this order:

Friday, May 19th

- Times TBA – Practice ($5 per participant)

Saturday, May 20th

- 7:00am - Warm-ups/check-in
- 8:00am - Men's and Women's doubles all age divisions
- Women's Singles in the afternoon following women's doubles

Sunday, May 21st

- 7:00am - Warm-ups/check-in
- 8:00am – Men's Singles
- Mixed Doubles in the afternoon following men's singles

Medals will be awarded for 1st, 2nd and 3rd place finishers in each division, providing a match was played.

The format of play will be round robin for groups of nine or fewer teams. For groups of ten or more teams, the format will be pool play followed by a single elimination championship round for the top two teams from each pool. If age divisions are combined due to small numbers, the format of play will be round robin.

Questions/ More Details

Contact: Janice Pauly, Tournament Director janicepauly@snet.net
Visit: CTMastersGames.org
Email: ctm@CTMastersGames.org
Call: (860) 788-7041

Back by popular demand!!!

Bring A Buddy! In an effort to increase participation and, therefore, the competitive integrity of the Connecticut Masters' Games, we are offering the "Bring a Buddy" Program. The "Bring a Buddy" Program has been a huge success. It not only achieved the aforementioned goal, but it also makes the "Games" more affordable for all athletes.

The Fine Print:

- The "Buddy" program applies only to like-sport registrations (Individual or Team) e.g. a Pickleball individual sport athlete may not bring a Volleyball team as his/her "Buddy"-
- "Buddy" program does NOT apply to Cycling because of the associated costs nor does it apply to Volleyball as it is a co-sponsored tournament with SSUSA.
- To Qualify as a buddy Athletes/Teams cannot have participated in the Connecticut Masters' Games in 2014, 2015, or 2016.

Partner Finder! Looking to join a team, or add players to your roster?

- The **Partner Finder** page allows you to create an online profile to assist you in finding a team and allows you to view players looking for team.
- We ask all participants to use the **Partner Finder** page when looking for a player.

How it works: **Individual Sports:**

- Athlete #1 Pickleball Fee $45.00
- "Buddy" Pickleball Fee $22.50 (1/2 the price)
- Total $67.50
- Each participant pays $33.75

Questions/More Details

Visit: www.CTMastersGames.org
Email: ctmasters@CTMastersGames.org
Call: (860) 788-7041

2017 CONNECTICUT MASTERS' GAMES - Brought To You By UnitedHealthcare
INDIVIDUAL SPORT REGISTRATION FORM

975 Middle Street, Unit G, Middletown, CT 06457
TEL: (860) 788 7041 FAX: (860) 894 2654 Email: CTMasters@CTMastersGames.org

First Name: _____ **M.I.**: _____ **Last Name**: _____

Street Address: _____**City:** _____**State**: _____ **Zip:** _____

Phone/Cell: _____ **Email:** _____

☐ **Male /** ☐ **Female** **Date of Birth**: _____ **Age on 12/31/17**: _____ **T-Shirt Size**: ***S, M, L, XL, XXL, Other:***_____

☐ **Bring a buddy program discount** **Sponsor Name (Required):**_____

Previous National Senior Games Athlete : ☐ Yes ☐ No If Yes: NSGA # _____ or ☐ Don't Know

HOW DID YOU HEAR ABOUT THE CT MASTERS' GAMES? (Circle Best)
Coach Email Newspaper Postcard Poster Previous Participant Radio Web Search Other: _____

Select Your Events: *Note:* Cycling Crits & Time Trials Use: www. Bikereg.com **** =Required**

☐ **ARCHERY:**
☐ **Recurve (sight)** ☐ **Barebow Recurve (no sight)** ☐ **Compound Fingers (sight)**
☐ **Barebow Compound (no sights)** ☐ **Compound Release (sight)**
☐ **BADMINTON: Rating** ____** ☐ **Singles** ☐ **Doubles** ☐ **Mixed Doubles.**
☐ **BOWLING :** ☐ **Singles** ☐ **Doubles** ☐ **Mixed Doubles.**
☐ **PICKLEBALL: Rating** _____** ☐ **Singles** ☐ **Doubles** ☐ **Mixed Doubles**
☐ **RACQUETBALL:** ☐ **Singles** ☐ **Doubles** ☐ **Mixed Doubles**
☐ **SHOOTING: Smallbore Rifle Any Sights Prone (60 Shots)**
☐ **SWIMMING: U.S. Masters # ** _____ List Events Below**
☐ **TABLE TENNIS:** ☐ **Singles** ☐ **Doubles** ☐ **Mixed Doubles**
☐ **TENNIS:** ☐ **Singles** ☐ **Doubles** ☐ **Mixed Doubles**
☐ **TRACK & FIELD: USA. T&F #_____List Events Below**

LIST YOUR DOUBLES/MIXED DOUBLES PARTNER: (If you do not have a partner, list "Need a Partner)

Doubles Partner Name: _____ Partner's Age on **12/31/17:** _____

Mixed Doubles Partner Name: _____Partner's Age on **12/31/17**: _____

Swimming & Track & Field: List the specific events you will be competing in. **Swimmers Only: Include best time per event.**

Event (1): _____TIME:_____ Event (4): _____TIME:_____
Event (2): _____TIME:_____ Event (5): _____TIME:_____
Event (3): _____TIME:_____ Event (6): _____TIME:_____

PAYMENT: Checks: Payable to: CSMG, 975 Middle Street, Unit G, Middletown, CT 06457 **Credit Cards**: Call our office 860-788-7041

ATHLETE'S WAIVER, PLEDGE AND CONSENT AGREEMENT

In consideration of the acceptance of my entry into the competition known as the Connecticut Masters' Games, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of the performance or failure of performance of the State of Connecticut, the Connecticut Masters' Games, the Nutmeg State Games, any and all sponsors, groups providing sanction or approval, owners of the sites, and/or the respective officer/agents, representatives, successors and/or assigns of the parties named above for any and all claims for damage to person or property sustained by me in connection with, association or entry in, and/or arising from activity related to the Connecticut Masters' Games.

I have full knowledge that the sport in which I have entered carries significant risk of personal injury, in some cases very severe injury, even death. I also agree that I am responsible for my own safety. I declare that to the best of my knowledge, I am in good physical condition and have no disease or injury that would be aggravated by my participation in activities related to the Connecticut Masters' Games.

I, also, declare on my honor that I am an amateur and fulfill the conditions stipulated by the Connecticut Masters' Games. I agree that if I am selected for competition at the Finals of the Games, I will compete in the Games, keep myself in top physical condition, retain my amateur status and make myself available for training wherever and whenever possible. I will also appear and participate in the Opening Ceremonies and report to the press tent for pictures, interviews, as directed by Connecticut Masters' Games authorities.

I understand that the consumption of alcohol beverages or non-prescribed drugs at any Connecticut Masters' Games venues, events, or dormitories is strictly prohibited and that failure to conduct myself in a socially responsible manner (to be determined by Connecticut Masters' Games authorities) will result in immediate expulsion from the Connecticut Masters' Games.

I hereby consent to allow my picture or likeliness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Connecticut Masters' Games in any manner incidental to my participation in the Connecticut Masters' Games and without compensation to me. I declare that I have personal medical coverage and that I have read all of the above and understand the release waiver, and by signing it agree to all its items. By entering and participating in the CT Masters' Games, All athletes agree to abide by the rules, regulations and disciplinary actions of "The Games" Administrators. It is the responsibility of the athlete to follow all rules. Failure to do so may result in suspension, expulsion and/or forfeiture.

SIGNATURE_____**PRINT NAME**_____**DATE**_____