

1st ANNUAL SICKLE CELL PICKLEBALL TOURNAMENT

Registration/Waiver Form

Saturday July 15, (16)* 2017

(*Extra day may be added based on number of entries)

Registration Fee: \$30 per person - per Event Entry Deadline 7/5/2017

Player Name: _____ Gender: M F Age: _____

Phone: _____ Email Address (required): _____

Emergency Contact: _____ Phone: _____

Entry Deadline: 7/5/2017

Event #1	Select Bracket (circle your choice)		
Men's Doubles	Women's Doubles	Mixed Doubles	

Select the Division (circle your choice)

Column1	Column2	Column3	Column4	Column5	Column6
4.5 & up (19+)	4.5 & up (40+)	4.5 & up (55+)	4.5 & up (70+)	4.0 (19+)	4.0 (40+)
4.0 (55+)	4.0 (70+)	3.5 (19+)	3.5 (40+)	3.5 (55+)	3.5 (70+)
3.0 (19+)	3.0 (40+)	3.0 (55+)	3.0 (70+)	2.5 (19+)	2.5 (40+)
2.5 (55+)	2.5 (70+)				

Event #1 Partner's Name: _____

(A team's skill level is determined by the highest rated partner.)

Entry Deadline: 7/5/2017

Event #2	Select Bracket (circle your choice)		
Men's Doubles	Women's Doubles	Mixed Doubles	

Select the Division (circle your choice)

Column1	Column2	Column3	Column4	Column5	Column6
4.5 & up (19+)	4.5 & up (40+)	4.5 & up (55+)	4.5 & up (70+)	4.0 (19+)	4.0 (40+)
4.0 (55+)	4.0 (70+)	3.5 (19+)	3.5 (40+)	3.5 (55+)	3.5 (70+)
3.0 (19+)	3.0 (40+)	3.0 (55+)	3.0 (70+)	2.5 (19+)	2.5 (40+)
2.5 (55+)	2.5 (70+)				

Event #2 Partner's Name: _____

(A team's skill level is determined by the highest rated partner.)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY

In consideration of your accepting this entry, I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against Hockessin Indoor Tennis, Sickle Cell Pickleball Tournament, First Alliance Church, Alpha Kappa Alpha Sorority, Inc. (Sanford School), (William F. Cooke Jr. Elementary School/Red Clay Consolidated School District), their agents, representatives, any individual involved in the administration of the tournament and assigns for any and all injuries suffered by me in said pickleball tournament.

Player Signature: _____ Date: ____/____/____

Name (please print): _____

Make your check payable to: **AKA Sickle Cell Pickleball Tournament**

Mail checks and registration/waiver forms to: **Sickle Cell Pickleball Tournament, PO Box 8200, Wilmington, DE 19803 Attention: James F. Monk**