

# Senior Sweetheart Pickleball Tournament



Thursday, February 14th, 2019

Check-in/Day-of Registration begins at 9:00am --- Play begins at 9:30am

Marshall Center Gym

8800 Courthouse Rd, Spotsylvania, Va 22553

\$20 per team/ \$30 Day-of Registration

\* Co-ed teams, Ages 50+, Double elimination tournament (Tournament format subject to change based on participation numbers), OSAPA Official Rules\*

**Registration Dates: December 26, 2018– February 14, 2019. Register during Marshall Center Pickleball Hours, at Loriella Park or by mail: PO Box 28, Spotsylvania, Va 22553.**

Those wishing to withdrawal from the tournament must do so by contacting the Spotsylvania Parks & Recreation Department one week prior to the start of the tournament. Individuals should follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. No refund will be issued without written notice.

All credit/debit transactions are subject to a 2.95% non-refundable convenience fee. There is a \$50 service charge on all returned checks. For more information, contact (540) 507-PLAY (7529) or visit [www.spotsylvania.va.us/parksandrec](http://www.spotsylvania.va.us/parksandrec)

**Please Print Legible** – One form must be filled out **and signed** by per team. Form must have **BOTH** signatures on it.

## PLAYER 1 INFORMATION

First \_\_\_\_\_ Last \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Complete Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Is this a new address or phone number? \_\_\_\_\_

Age (where applicable) \_\_\_\_\_ Birth date \_\_\_\_\_

Medical Conditions, injuries, or allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## PLAYER 2 INFORMATION

First \_\_\_\_\_ Last \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Complete Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Is this a new address or phone number? \_\_\_\_\_

Age (where applicable) \_\_\_\_\_ Birth date \_\_\_\_\_

Medical Conditions, injuries, or allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**ACTIVITY #:** 473804-07

**ACTIVITY DATE:** FEBRUARY 14, 2019

Release of Claims: I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees, and the agents thereof, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend the program does not constitute a proper withdrawal, and the participant will not receive a refund.

Print Name: (Player 1) \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: (Player 2) \_\_\_\_\_ Signature: \_\_\_\_\_

**Checks Payable to "Treasurer, Spotsylvania County." (\$50.00 Fee On All Returned Checks)**