

2017 Senior Pickleball Tournament
Pen Park, 1300 Pen Park Road, Charlottesville, VA

Saturday, September 23, 2017

Rain date is the same day, Saturday, September 23, 2017, indoors at Herman Key Center.

Rain line: (434) 760-0702

(Please call rain line on Friday evening after 4:00 if you have any questions.)

Open Age Bracket (Ages 60 and older)

\$20/person, total for all events played.

Team Deadline

Both partners' registrations must be submitted to the Charlottesville Parks and Recreation office by Sept. 9, 2017

The tournament is limited to 12 teams per event. Play will be outdoors at Pen Park, 1600 Pen Park Lane. Format will be double elimination. Games best 2 out of 3 to 11, win by 2 in the upper bracket and 1 game to 15 in the lower bracket. Tournament staff reserves the right to modify the tournament format based on participation and conditions. Courts open at 7:30 am for warm-up. Check-in is at 8:00am and play begins at 8:30 am. Please bring your own chair and water bottle (we will have an igloo to refill your water bottles). Light refreshments will be provided throughout the day. **Lunch is on your own** (closest place to get lunch is about 10 minutes away). Limited shade available. Please read accompanying letter for more details.

For more information contact April Babar or Zoe Wells.

April Baber: (434) 760-0702, baber@charlottesville.org

Zoe Wells : (434) 293-8273, wellsz@charlottesville.org

Please fill in the following **Registration form** and return it to April Baber by Sept. 17, 2017

Name: _____

Phone: _____

Address: _____

Email: _____

Please circle the doubles category(s) in which you would like to participate:

Womens

Mens

Mixed

Amount Enclosed: \$ _____

(Make checks payable to Charlottesville Parks and Recreation. Please put Activity # 160603 in memo.)

If you register on line at charlottesville.org/parksandrec

After online registration you **MUST** also submit this form in one of the following methods:

- 1) Email: baber@charlottesville.org
- 2) Fax : (434) 970-3596
- 3) Mail:

Attn: April Baber
Charlottesville Parks & Recreation
P.O. Box 911
Charlottesville, VA 22902.

Activity # 160603. If you have not received an e-mail confirmation a week after you submitted your registration form please contact us.

Doubles Partner Name: _____

Phone Number: _____

Email: _____

Mixed Partner Name: _____

Phone Number: _____

Email: _____



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Liability Release: I understand the nature and scope of therapeutic recreation activities. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand my responsibility to follow safety rules and stay within supervision.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above named participant. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I HAVE READ, AND UNDERSTAND THE ABOVE LIABILITY/PHOTO RELEASE.

In witness whereof, I have executed this Liability Release as my own free act on the

_____ Day of _____, _____ (year)

X _____ X _____
Participant and/or Parent/Guardian/Legal Custodian