



www.hillsboroughcounty.org/parks

# Hillsborough County Indoor Pickleball Championships

Thursday, April 10<sup>th</sup> and Friday, April 11<sup>th</sup>, 2014  
All People's Life Center – 6105 Sligh Ave- Tampa, Fl. 33617

## Registration Form

**\* All players must complete this form separately (one form per player)**

Name: \_\_\_\_\_ USAPA # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Division: (please circle one):    Men's Dbl's                  Women's Dbl's                  Mixed Dbl's

Shirt Size (please circle one): **Adult sizes:**    Small    Medium    Large    X-Large    XXL

Name of Partner:    Doubles \_\_\_\_\_

Mixed Dbl's \_\_\_\_\_

Payment Amount:    \$25/player \$10 for second event **NO CASH ACCEPTED!**  
Check # or Money Order # \_\_\_\_\_

**Make out/mail to: Friends of the County Parks 601 E. Kennedy Blvd. 23<sup>rd</sup> floor,  
Tampa, Fl. 33602**

***DEADLINE TO REGISTER:                          Monday, April 4, 2014***

*Call Coach Russell at 813-264-8541 for more Information or email at elefterionr@hillsboroughcounty.org*

### Waiver and Release of Liability

I certify that I am physically fit and have sufficient abilities for this program. I consent to allow my picture, or likeness, to appear in any official documentary, sponsor advertisement or exclusive media coverage in any manner incidental to his/her participation in the adult pickleball program, and without compensation to me. I agree to assume all responsibility for all risk, damage, or injury that may occur to me as a participant. I release and discharge, for myself, my heirs, executors, and administrators, Hillsborough County, their respective administrators, directors, agents, officials, and other sponsoring agencies (Northdale Owls) and advertisers used to conduct the event from any and all liability, present and future, which may arise in conjunction with my participation in this program.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_