1st Annual Pickled Peach Tournament
Indoor Pickleball Tournament November 2014

Dates:
Friday    November 7 (6PM till 9PM) Open Round Robin singles
Saturday  November 8 (8AM till 6PM) Open doubles (any combination of partners)
Sunday   November 9 (8AM till 6PM) one bracket of beginner/intermediate doubles and one bracket of seniors doubles (age 59 and above)

Registration deadline:  October 20th.  All doubles play will be limited to 20 teams per day
Where: The Lay Center, 297 Hoyt St.  Athens, GA 30601
Cost: $45.00 - For Single Event; $60.00 - For Multiple Events
$10.00 discount for USAPA members (please provide membership number)

Send entry form and check to:
Larry King
103 Woodhaven Place
Athens, GA 30606

The brackets will be double-elimination.
There will be snacks and beverages provided during the tournament, included with your registration fee.

Print and complete the attached registration form manually.  Be sure and sign the waiver and mail the form with your payment to Larry King at the address above.
Be sure to include your e-mail address or telephone number on the registration form so the tournament directors can notify you of tournament news.
1st ANNUAL PICKLED PEACH PICKLEBALL TOURNAMENT
November 6, 7, and 8 2014

REGISTRATION FORM - Please Print
First Name, Last Name: _______________________________________________________
Address: City: State: Zip: ___________________________________________________________________________________
USAPA Number: __________________
Phone: __________________ E-mail address: _________________________________________________________________
Emergency Contact (Name and Phone Number): ___________________________________________________________
Age (as of 12/31/2014): _______ (18 years minimum to enter) Gender: (Circle) Male Female

SKILL LEVEL
Circle your level: 2.5 3.0 3.5 4.0 4.5 5.0

EVENTS (Circle events)
Singles Friday Starting at 6PM: S
Open doubles Saturday Starting at 8AM: OD
Beginner/Intermediate doubles Sunday Starting at 8AM: BID
Senior doubles (age 59 and up) Sunday Starting at 1PM: SD
Open Doubles Partner’s Name: ________________________________________________________________
Beginner/Intermediate Doubles Partner’s Name: ______________________________________________
Senior Doubles Partner’s Name: _____________________________________________________________

LIABILITY WAIVER
I, _____________________________________________
Name (Please Print)
Residing at (Home address):
Street City State Zip

Acknowledge that I am aware that certain risks are or may be associated with activities sponsored by the Athens Area Pickleball Association, and I personally assume all such risks for the participation of myself in any activities in which I take part.
I assume full responsibility to become educated regarding the proper and safe use of any equipment associated with the activities in which I am involved, and the responsibility to abide by all safety rules promulgated by the Athens Area Pickleball Association and USAPA in relation to said activities. I likewise assume full responsibility to obtain medical clearance from my physician to participate in the activities offered by the Athens Area Pickleball Association. In consideration of the permission granted to me by the Athens Area Pickleball Association to participate in the activities it sponsors, I hereby release the Athens Area Pickleball Association and all venues associated with said activities and their agents, consultants or employees from all actions, causes of action, damages, claims or demands which I or my heirs, executors or assigns may have against these entities/persons for all injuries or property loss or damage which I may incur by participating in said activities.

I have read this informed consent/release of claims and understand its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release this _____ day of ________________ in the year 2014.

____________________  ______________
Adult Competitor Signature  and Printed Name