Fourth Annual Hillsborough County Indoor Pickleball Championships
Thursday, March 3rd & Friday, March 4th, 2016
All People’s Life Center – 6105 Sligh Ave· Tampa, Fl. 33617
Sponsored by: Friends of the County Parks & Suncoast Pickleball Association

Registration Form
* All players must complete this form separately (one form per player)
Name:___________________________________ Age________ (as of March 3, 2016)
Address:_________________________________________ __________________
City:______________________________________ State:________ Zip Code:________
Phone: (Cell)_______________________________ (may be used to text updates)
Email address: ___________________________________________________________

Division: (please circle): Men’s Dbl’s Women’s Dbl’s Mixed Dbl’s
Name of Doubles Partner: __________________________________________
Ability Level: 2.5 3.0 3.5 4.0 4.5-5.0 Age Group: 19+ 50+ 60+ 70+
Name of Mixed Dbls Partner: __________________________________________
Ability Level: 2.5 3.0 3.5 4.0 4.5-5.0 Age Group: 19+ 50+ 60+ 70+
Notes: You must play in youngest partner’s age group/You must play at the highest rated player ability level
You may go to the player list at suncoastpickleballassociation.com to find a partner!!!

Men’s Shirt Size (circle one): Adult sizes: Small Medium Large X-Large XXL
Women’s Shirt Size (circle one) Adult sizes: Small Medium Large X-Large XXL
(XXL will be $2.00 more and will be collected at the registration table)

Payment Amount: ONLY $35/per player for one or two events. ($50.00 after the deadline)
I am planning to(circle one): Drive to/from the tournament Stay at a Hotel Stay at a Friend’s House Stay at a RV/Camp site
Make out/mail to:  Suncoast Pickleball Association- 2623 Bougainvillea St. Sarasota, Fl 34239

DEADLINE TO REGISTER: Monday, February 22nd, 2016

Call Coach Russell at 813-298-2022 for more Information or email at coachrusselle@gmail.com

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 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:_________________________