

GEEZER MEISTER PICKLEBALL TOURNAMENT INFORMATION

October 12-14, 2017

This is a “Skill Level” Tournament for players age 50 and over who are rated 3.0 and above. We’ll also have an open division for men’s doubles and women’s doubles (on Saturday) for players who are rated 4.5 and 5.0 age 12 and above.

Mark your calendars, and join us at Del Webb Spruce Creek Country Club for some fun and competition. This tournament will have both double elimination and round robin play. Double elimination matches will be 2 out of 3 games to eleven in the winner’s bracket, and one game to fifteen in the loser’s bracket. The registration fee is \$20 for the first event and \$8 for each additional event. Make checks payable to SCGCC Pickleball Club.

We will feature play in mixed doubles, men’s doubles, and women’s doubles. Skill levels will be 3.0, 3.5, 4.0, 4.5, and 5.0. Age groups within skill level will be established based on the number of entries. Participants will compete in the skill level of the highest partner’s skill level and the youngest of the partner’s ages. **This year, we will close registration at 330 players, so send your registration early. As certain brackets fill up we will close those earlier. We will not be finding partners for players this year. We will not deposit checks or enter players online until both partners have paid. There will be no refunds of entry fee after October 1, 2017.**

We plan on the following day-to-day schedule subject to necessary revision:

October 12

8:15 am start: This day’s competition will play Men’s Doubles & Women Doubles 4.5 & 5.0. Mixed Doubles, 3.0 & 3.5.

October 13

8:15 am start: We will play all Mixed Doubles 4.0, 4.5, 5.0. Also 3.5 mens and womens doubles.

October 14

8:15 am start: This day’s competition will play Men’s Doubles and Women’s Doubles 3.0 and 4.0. We will also have Men’s Doubles and Women’s Doubles Open Division.

Entrance limited to skill levels 4.5 and 5.0 only age 12 and above.

October 15

Rain Date will be held, if necessary, to complete any unfinished play from prior days.

One week before the tournament starts, we will have a final count of players. We will then use the email addresses, that you gave us, to email the projected starting times for each age group.

Geezer Meister Non Sanctioned Pickleball Tournament

REGISTRATION & WAIVER

Last Name: _____ First Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Mobile Phone: () - Alternate Phone: () -

EMAIL ADDRESS: _____ email will be used for additional information.

EMERGENCY CONTACT Name: _____ **Phone #:** () -

Individual Agreement, Release and Waiver of Liability

In consideration of being permitted to participate in The Geezer Meister Pickleball Tournament at Del Webb Spruce Creek GCC and related events and activities;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

(a) To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the Tournament;

(b) Participating in the Tournament may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;

(c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

(a) Del Webb Spruce Creek GCC HOA, Del Webb Spruce Creek GCC Board of Directors, Leland Management, Del Webb Spruce Creek GCC Pickleball Club or any of its agencies, residents, employees or volunteers, coaches, trainers, officials affiliated with the organizations or any other individuals affiliated with the Tournament;

(b) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring agencies, organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;

(c) owners of premises used to conduct the Tournament FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en-route to and from the Games.

(3) I FURTHER AGREE THAT:

(a) Prior to participating, I will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the tournament director, or official connected with the Tournament of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;

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REGISTRATION & WAIVER

(b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Tournament, WITHOUT COMPENSATION.

(4) I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Games.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

_____ X _____

Participant Name (print)

Participant Signature

Date

All participants must complete the Agreement, Release and Waiver of Liability in order to compete

REQUIRED Registration Information

SKILL Level (please circle): 3.0 3.5 4.0 4.5 5.0

Age as of 12/31/2017: _____ **Birthdate:** ___ / ___ / _____

Skill level subject to tournament review

SHIRTS and COLD TOWELS included (all shirts are men's size)

Shirt

CircleSize: Small Medium Large XLarge XXLarge

Registration fee is \$20 first event \$8 each additional event and is required to be mailed with this registration form and waiver. **Make checks payable to SCGCC Pickleball Club.**

Chose EVENTS:

____ Men's Doubles Partner's Name & Age: _____

____ Women's Doubles Partner's Name & Age: _____

____ Mixed Doubles Partner's Name & Age: _____

____ Open Doubles Partner's Name & Age: _____

If you need a partner, please indicate above and skill level requested. You will be contacted via email.

REGISTRATION, Waiver & Check MAILING to: must be received by Sunday October 1, 2017

**** These 2 pages of Registration and Waiver must be included along with your check or money order ****

Bruce Cowling Questions contact: Bruce Cowling blcowling1950@gmail.com
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