

2017 Columbia County / Lake City First Ever Pickleball Tournament

Saturday, May 6, 2017

Richardson Community Center

255 NE Coach Anders Lane

Lake City, FL 32055



Doubles M / F / Mixed

Cost \$15 per player (\$5 additional for 2nd event)

Divisions by Skill Level 2.0-3.5 & (Age, if possible)

- Round Robin format for 3.0 & 3.5
- King / Queen (changing partner format) for 2.0 & 2.5. You don't need a partner to enter
- Minimum 5 games for all levels
- Burgers, dogs, drinks and snacks for sale on site by the Girls Travel Basketball team
- Goody bag and t-shirt for all. Prizes for 1st-3rd
- Divisions will be by skill level. Divisions by age are not guaranteed, but will be accommodated, if requested, and there are enough teams to warrant separation
- Each player is required to complete and sign a registration form/waiver to be returned with payment
- Registration forms & payment must be received by Monday, May 1
- You do not need to be present at the start of the tournament. You will be notified of your start time as soon as possible after all entries are received.
- Payment must be made by check. All proceeds will benefit the RCC Summer Camp program. Please make checks out to "RCCAMN" and mail to:
Donna Lynch
161 SW Skyhawk Dr
Lake City, FL 32025
- Please send a "heads up" email to PickleballLakeCity@gmail.com to make sure there are openings. If you include your **Gender - Level - Name** on the subject line, it will help separate your email from others. (Subject: Male - 3.0 - Fred Jones)
- If you have any questions: email PickleballLakeCity@gmail.com or call (386) 292-3787

Columbia County / Lake City Pickleball Tournament Registration Form

Name: _____ Age: _____ If you want your Age considered

Address: _____ City/Zip: _____

Phone Number: _____

Email Address: _____

Partner's Name: _____ Level _____ Age: _____

(Your partner must fill out his/her own registration form & waiver & payment)

Division: Male Doubles Female Doubles Mixed Doubles

Men's T-shirt size (circle one): Small Medium Large XL XXL

Emergency Contact Not Participating in Tournament

Name: _____ Relationship: _____

Phone Number: _____

COLUMBIA COUNTY RECREATION DEPARTMENT PARTICIPANT WAIVER:

Please read this form carefully and be aware that in registering yourself for participation for this event, you will be waiving and releasing all claims for injuries you might sustain arising out of the above program.

- I recognize and acknowledge that when participating in Columbia County Recreation events and activities that there are certain risks of physical injury to participants.
- I agree to assume full responsibility of the injuries, damages and loss regardless of its severity while participating in Columbia County Recreation events and activities.
- I waive and relinquish all claims that I or my insurer may have against the Columbia county Richardson Community Center, its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I may have or which may accrue to me on account of my participation in the above program.
- I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE ALL CLAIMS

Participant Signature: _____ Date: _____