

# 2018 Palm Beach County Summer Golf Croquet League

## Registration Form for Tuesdays

**Team Name:** \_\_\_\_\_

**Block:** Beginner \_\_\_\_\_ Amateur \_\_\_\_\_ Championship \_\_\_\_\_

**Participant # 1 Name:** \_\_\_\_\_

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

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

Phone/cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ **USCA Golf Croquet Handicap** \_\_\_\_\_

Family, business and /or non-profit affiliations: \_\_\_\_\_

**Person to contact in case of emergency:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

### Program Waiver and Release

I, \_\_\_\_\_, agree, assume and understand that I waive all claims I may have as a result of participating in the National Croquet Center's (hereinafter "NCC") Palm Beach County Summer Golf Croquet League. While accidents rarely occur, hazards may include but are not limited to tripping on string borders, ball barriers, balls, wickets, or an irregular surface as well as being accidentally struck by a ball or mallet. Please exercise caution.

I further agree to fully release and discharge the Croquet Foundation of America (hereinafter "CFA"), the NCC, the United States Croquet Association, the National Croquet Club, and Sandy James Fine Foods (caterer) or any of their officers, employees, and representatives from and against any and all losses, damages, or injuries of any kind as a result of my participation in such recreation program(s).

In the event of an emergency, I authorize the NCC officials to secure from a licensed hospital, physician, and/or medical personnel (including 911) any treatment deemed necessary for my immediate care, and agree that I will be responsible for payment of all medical services rendered. I understand that the NCC does not assume any responsibility to take these actions.

I give consent to use any photograph taken of me during recreational activities, classes, or programs for the press, future recreation brochures and promotional material(s).

I have read and fully understand this Program Waiver and Release form. I also understand that payment is due at the time of registration to guarantee space for our team.

X \_\_\_\_\_  
**Participant # 1**

# 2018 Palm Beach County Summer Golf Croquet League

## Registration Form for Tuesdays

**Participant # 2** Name: \_\_\_\_\_

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

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

Phone/cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ **USCA Golf Croquet Handicap** \_\_\_\_\_

Family, business and /or non-profit affiliations: \_\_\_\_\_

**Person to contact in case of emergency:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

### Program Waiver and Release

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I give consent to use any photograph taken of me during recreational activities, classes, or programs for the press, future recreation brochures and promotional material(s).

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x \_\_\_\_\_  
**Participant # 2**

# 2018 Palm Beach County Summer Golf Croquet League

## Registration Form for Tuesdays

**Participant # 3 (Optional) Name:** \_\_\_\_\_

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

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

Phone/cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ **USCA Golf Croquet Handicap** \_\_\_\_\_

Family, business and /or non-profit affiliations: \_\_\_\_\_

**Person to contact in case of emergency:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

### Program Waiver and Release

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I give consent to use any photograph taken of me during recreational activities, classes, or programs for the press, future recreation brochures and promotional material(s).

I have read and fully understand this Program Waiver and Release form. I also understand that payment is due at the time of registration to guarantee space for our team.

x \_\_\_\_\_  
**Participant # 3**

# 2018 Palm Beach County Summer Golf Croquet League

## Registration Form for Tuesdays

**Participant # 4 (Optional) Name:** \_\_\_\_\_

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

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

Phone/cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ **USCA Golf Croquet Handicap** \_\_\_\_\_

Family, business and /or non-profit affiliation: \_\_\_\_\_

**Person to contact in case of emergency:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

### Program Waiver and Release

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I give consent to use any photograph taken of me during recreational activities, classes, or programs for the press, future recreation brochures and promotional material(s).

I have read and fully understand this Program Waiver and Release form. I also understand that payment is due at the time of registration to guarantee space for our team.

X \_\_\_\_\_  
**Participant # 4**

# 2018 Palm Beach County Summer Golf Croquet League

## Registration Form for Tuesdays

**Team reservations will be complete when full payment is received.**

### General Information:

Location: National Croquet Center  
700 Florida Mango Road  
West Palm Beach, Fl. 33406  
561-478-2300

Practice Dates:	June 12, 2018	5:00 to 8:00pm
	June 19, 2018	5:00 to 8:00pm
	June 26, 2018	5:00 to 8:00pm
	July 3, 2018	5:00 to 8:00pm
<i>Strategy Class</i>	June 23, 2018	1:00 to 3:00pm
<i>Strategy Class</i>	June 30, 2018	1:00 to 3:00pm

**Tuesday League Dates:** **July 10, 17, 24, 31 August 7**  
**Playoffs:** **Tuesday, August 14<sup>th</sup>.**

Practice Time: 5 to 6pm

Game Times: 6pm and 7pm

Toast & Tally: 8 to 9pm

Team Entry Fee:	Teams of two players:	\$40 per player
	Teams of three players:	\$30 per player
	Teams of four players:	\$25 per player

**Entry fees are payable to the CFA (Croquet Foundation of America)**

Entry Deadline: July 3, 2018 Refund Policy: No refunds after July 3, 2018

### Special Notes:

Teams must have a name.

Players should wear light comfortable clothing and flat-soled shoes or sandals.

The Croquet Grille and Lounge will be open for drinks and light dinner fare  
Throughout the tournament.

Please call Marie 561-478-2300 x 3 for information.