

SANIBEL RECREATION CENTER



PICKLEBALL IN PINK



INDOOR PICKLEBALL TOURNAMENT

REGISTRATION FORM

ALL SKILL LEVELS WELCOME.

TOURNAMENT WILL BE SPLIT INTO TWO SKILL LEVELS 3.0 + AND 2.9 -



9:00 A.M.



SATURDAY, OCTOBER 21ST



\$20 PER TEAM
MEMBER RATE



LITE REFRESHMENTS WILL BE PROVIDED

\$25 PER TEAM
NON-MEMBER RATE



3880 SANIBEL CAPTIVA RD. SANIBEL, FL 33957

IN PARTNERSHIP WITH:



PICKLEBALL FOR THE CURE OFFERS PLAYERS OF ALL LEVELS, FROM BEGINNER TO ADVANCED, THE OPPORTUNITY TO PLAY PICKLEBALL IN PINK WHILE RAISING FUNDS TO FIGHT BREAST CANCER. CLICK HERE OR SCAN THE QR CODE BELOW TO PARTICIPATE!

SCAN ME



MUST SIGN UP AS A TEAM

TEAM NAME

PARTICIPANT NAME 1

PARTICIPANT NAME 2

CONTACT NUMBER

CONTACT EMAIL

SKILL LEVEL (CIRCLE ONE) 3.0 + OR 2.9 -

PARTICIPANT 1

First Name	<input type="text"/>	Last Name	<input type="text"/>	Age	<input type="text"/>
Address				City/State	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>	Zipcode	<input type="text"/>
Emergency Contact/ Phone Number	<input type="text"/>				

I GIVE PERMISSION TO BE TRANSPORTED, IF DETERMINED NECESSARY OR ADVISABLE, TO THE NEAREST MEDICAL FACILITY FOR TREATMENT:

YES NO

AS A PARTICIPANT, OR PARENT OR LEGAL GUARDIAN OF A PARTICIPANT, I WAIVE HOLD HARMLESS, AND FOREVER DISCHARGE, ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES OR PERSONAL INJURY, WHICH WE HAVE OR MAY ACCRUE TO US AGAINST THE CITY OF SANIBEL, ITS AGENTS, VOLUNTEERS OR EMPLOYEES, FOR ANY AND ALL DAMAGES THAT MIGHT BE SUSTAINED OR SUFFERED IN ANY WAY CONNECTED WITH THE ACTIVITY. THIS WAIVER AND HOLD HARMLESS IS GIVEN IN CONSIDERATION FOR PARTICIPATION IN THE CITY'S ORGANIZED RECREATIONAL ACTIVITY.

THIS PARTICULAR ACTIVITY IS: _____

WITH MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ FULLY AND UNDERSTAND THIS NOTICE.

SIGNATURE OF PARTICIPANT AND/OR PARENT OR LEGAL GUARDIAN

DATE

PARTICIPANT 2

First Name	<input type="text"/>	Last Name	<input type="text"/>	Age	<input type="text"/>
Address				City/State	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>	Zipcode	<input type="text"/>
Emergency Contact/ Phone Number	<input type="text"/>				

I GIVE PERMISSION TO BE TRANSPORTED, IF DETERMINED NECESSARY OR ADVISABLE, TO THE NEAREST MEDICAL FACILITY FOR TREATMENT:

YES NO

AS A PARTICIPANT, OR PARENT OR LEGAL GUARDIAN OF A PARTICIPANT, I WAIVE HOLD HARMLESS, AND FOREVER DISCHARGE, ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES OR PERSONAL INJURY, WHICH WE HAVE OR MAY ACCRUE TO US AGAINST THE CITY OF SANIBEL, ITS AGENTS, VOLUNTEERS OR EMPLOYEES, FOR ANY AND ALL DAMAGES THAT MIGHT BE SUSTAINED OR SUFFERED IN ANY WAY CONNECTED WITH THE ACTIVITY. THIS WAIVER AND HOLD HARMLESS IS GIVEN IN CONSIDERATION FOR PARTICIPATION IN THE CITY'S ORGANIZED RECREATIONAL ACTIVITY.

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WITH MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ FULLY AND UNDERSTAND THIS NOTICE.

SIGNATURE OF PARTICIPANT AND/OR PARENT OR LEGAL GUARDIAN

DATE

PHOTO RELEASE

FOR VALUABLE CONSIDERATION, ACKNOWLEDGED TO BE RECEIVED AND SUFFICIENT, I HEREBY GRANT TO THE CITY OF SANIBEL, ITS AGENTS, OFFICIALS, REPRESENTATIVES AND EMPLOYEES, THE IRREVOCABLE AND UNRESTRICTED RIGHT TO USE AND PUBLISH PHOTOGRAPHS OF _____ (PARTICIPANT)(S) IN WHICH THEY MAY BE INCLUDED, FOR EDITORIAL, TRADE, ADVERTISING AND ANY OTHER PURPOSE AND IN ANY MANNER AND MEDIUM: TO ALTER THE SAME WITHOUT RESTRICTION; AND TO COPYRIGHT THE SAME. I HEREBY RELEASE THE PHOTOGRAPHER AND HIS/HER LEGAL REPRESENTATIVES AND ASSIGNS, AND THE CITY OF SANIBEL, ITS AGENTS, OFFICIALS, REPRESENTATIVES AND EMPLOYEES, FROM ALL CLAIMS AND LIABILITY RELATING TO SAID PHOTOGRAPHS.

I HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE CONTENTS HEREOF. I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD/CHILDREN. I HEREBY CONSENT TO THE FOREGOING ON HIS/HER BEHALF.

SIGNATURE OF PARTICIPANT AND/OR PARENT OR LEGAL GUARDIAN

DATE

SIGNATURE OF PARTICIPANT AND/OR PARENT OR LEGAL GUARDIAN

DATE