

Ontario Beach Park Sports and Music Festival – PickleFest III Registration Form

When: July 13-15,2012

Where: Ontario Beach Park Basketball Courts

Entry Deadline: Monday, June 25th NO registrations will be accepted if postmarked after this date

Entry Fees: Adults \$20 for 1 event...\$5 for each additional Youth \$10 Flat Fee

Payment: Make all checks out to *David Thomas* and Mail to: 6033 Buffalo Road, Churchville, NY 14428

* There is a \$5.00 discount for USAPA members with your USAPA #

Format of Play: Double Elimination or Round Robin, dependant on number of teams entered.

GENDER: (M or F) _____

NAME: _____

Last

First

USAP#

ADDRESS: _____

City

State

Zip

PHONE # _____ **CELL #** _____ **AGE** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ **PHONE#:** _____

_____ I would like to participate in the women's (men's) doubles event, but I need a partner.

_____ I would like to participate in the mixed doubles event, but I need a partner.

TOTAL MONEY ENCLOSED with YOUR ENTRY: \$ _____

I apply for entry into the following events – (circle events and check boxes)

Jr. Singles	18&U	14&U	10&U	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Jr. Doubles	18&U	14&U	10&U	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl

Singles Open	Man	Woman
Singles Masters (40-49)	Man	Woman

Grand Masters (50-59)	Man	Woman
Sr. Grand Masters (60-69)	Man	Woman
Legends (70+)	Man	Woman

Open Doubles	Partner Name:
Masters (40-49)	Partner Name:
Grand Masters (50-59)	Partner Name:
Sr. Grand Masters (60-69)	Partner Name:
Legends (70+)	Partner Name:

Mixed Doubles Open	Partner Name:
Mixed Doubles Masters (40-49)	Partner Name:
Mixed Doubles G.Masters (50-59)	Partner Name:
Mixed Doubles Sr. G Masters (60-69)	Partner Name:
Mixed Doubles Legends (70+)	Partner Name:

WAIVER

I realize and understand that there are certain inherent risks to which I will be exposed because of the nature and level of the sports activity for which I have registered. I understand and agree that USAPA, their agents and officials assume no responsibility for injury or illness I may sustain as a result of my physical condition or my participation in any USAPA event. I understand it is my responsibility to provide my own accident and health coverage and that USAPA, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give my permission for the USAPA to use or distribute, without limitation or obligation, any record or the events which may include my voice or image. As evidence by my signature, I hereby release, waive and hold harmless USAPA from any manner of claims or lawsuits that may result from my participation in this event. By signing this Release I acknowledge that if anyone (including myself) is hurt or property is damaged during my participation, I will have no right to make a claim or file a lawsuit against the USAPA even if they negligently caused such injury or damage. My signature below indicates that I have had sufficient opportunity to read this document, that I have read it, that I understand it, that I understand it affects my legal rights, and that I agree to be bound by its terms.

SIGNATURE

DATE