



VERMONT SENIOR GAMES 2017 STATE PICKLEBALL CHAMPIONSHIPS

Friday & Saturday, June 16-17, 2017
(Rain Date: Sunday, June 18, 2017)

Shelburne Town Tennis Courts at Davis Park

344 Harbor Road, Shelburne, VT, 05482



Mixed Doubles will begin Friday at 1:00 pm

Doubles will begin Saturday at 8:30 am and Singles will follow (estimated start time 1:00 pm)

Check-in required at least 30 minutes prior to event.

Competition open to anyone at least 50 years old by 12/31/17

Vermont is an "Open" state. Non-Vermont residents are eligible to compete.

Tournament size limited to first 76 registrations. Non-Resident registration will open May 1st.

REGISTRATION FORM — Please print clearly

NAME _____ M ___ F ___ E-MAIL _____

ADDRESS: Street/Apt _____ City _____ State _____

ZIP _____ HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH (m/d/year) _____ AGE as of 12/31/17 _____

I am participating in (check all that apply): Singles ___ Doubles ___ Mixed Doubles ___

Name of Doubles Partner _____ AGE as of 12/31/17 _____

Name of Mixed Doubles Partner _____ AGE as of 12/31/17 _____

Balls will be provided. The tournament format will be determined by the number of participants registered. Doubles competitive age will be that of the younger partner. Medals will be awarded to the first 3 places, in 5-year age brackets for men and women. NSGA and USAPA rules will apply.

ALL PARTICIPANTS MUST REGISTER INDIVIDUALLY

Advance registration is required by Thursday, June 6th. There will be no on-site registration.

REGISTRATION FEE - \$35.00 \$ _____ (open to non-residents on 5/1/17)

(Optional) My gift contribution to grow the VSGA \$ _____

TOTAL \$ _____

REGISTRATION AND METHOD OF PAYMENT:

REGISTER ON-LINE – go to www.vermontseniorgames.org and click on Pickleball. Payment is made by credit card. If you have a problem registering online, contact Janice Lange at 802-878-5256 for help.

OR, FILL OUT THIS PAPER REGISTRATION FORM. Mail with your check made out to the **Vermont Senior Games** to: Vermont Senior Games, c/o Scheer & Hickey, 441 Water Tower Circle, Suite 200, Colchester, VT, 05446. For persons sending in a paper registration, you must sign the waiver and provide emergency contact information with your registration; see page 2 of the paper registration form.

FOR ADDITIONAL INFORMATION contact the Pickleball Sports Coordinator, Joanne Winter at 802-662-4520 or rick.joanne@comcast.net

Please turn page over for waiver and emergency contact information.

VERMONT SENIOR GAMES ASSOCIATION WAIVER AND RELEASE OF LIABILITY

MUST BE READ & SIGNED BY ALL ATHLETES

In consideration of being allowed to participate in any way in the Vermont Senior Games Association athletic/ sports program, related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that: (PRINT NAME)

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES and/or others, and assume full responsibility for my participation, and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence, I will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Vermont Senior Games Association, its officers, directors, sports coordinators, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, and
5. I grant the Vermont Senior Games Association permission to have a physician attend me if it is deemed necessary during my participation at the games or activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

In addition, I willingly grant permission to the Vermont Senior Games Association (VSGA) to use photos and videos taken during regular and special activities, in future brochures, flyers, online or other promotional materials, without prior consent or expectation of compensation.

By registering for this event, I grant permission for my email address to be used to communicate with me about the event details and other VSGA news and activities.

X _____
PARTICIPANT'S SIGNATURE

DATE SIGNED _____

EMERGENCY CONTACT _____

RELATIONSHIP _____

HOME PHONE _____

CELL PHONE _____

PLEASE attach to this form pertinent medical information, (facts, special medication, allergies etc.) that we should be aware of to insure your health and safety during participation in this event.