THE 5TH ANNUAL JOE LEVINE

MIXED DOUBLES PICKLEBALL TOURNAMENT

Date of Event: April 21, 2018

Location: Salemwood School (Building in the back-2nd Floor)
529 Salem Street, Malden, MA 02148

Entry Fee: $40.00 per team (Each team includes 2 participants)

Entry Deadline: April 15, 2018

Team Check-In Opens at 8:00AM
Games will start at 9:00AM

VISIT WWW.MALDENREC.COM FOR DETAILS!

Team Self Rating: (Circle One)*

*registrants level or play selection may be adjusted to create better balanced play

A Tournament - For 3.5 players and above (Very Competitive)

B Tournament - For lower intermediate players (Moderately Competitive)

Senior Division - Women must be at least 60 years of age by the end of the year, men 65 years of age

PARTICIPANT: _____DOB:_____ Phone# _____
(Primary Contact) MM/DD/YY

PARTNER: _____DOB:_____ Phone# _____
MM/DD/YY

PARTICIPANT'S EMAIL: _____

ADDRESS: _____CITY:_____STATE: _____ZIP:_____

EMERGENCY CONTACT: _____PHONE #_____

WAIVER OF LIABILITY (Please read before signing)

I hereby agree to indemnify, defend and hold harmless the City of Malden, its officers, employees, agents and volunteers from and against any and all claims, damages, liability, bodily injury, death, expenses, and judgments, including attorney fees, expert witness fees and court costs in any way arising from my participation in The Joe Levine Mixed Doubles Pickleball Tournament. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Malden to photograph or video me participating in this event or activity for advertising purposes for the City of Malden and acknowledge I will not receive any compensation for such use. My signature acknowledges that I understand and agree to the above conditions.

Participant Signature_____ Please Print Name: _____ Date: _____

Partner Signature_____ Please Print Name: _____ Date: _____

MAIL-IN OR DROP-OFF REGISTRATION FORMS:

Macdonald Stadium Recreation Department

32 Pearl Street

Malden, MA 02148

- ALL FEES DUE WHEN SUBMITTING REGISTRATION AND CONSENT FORM.
- PAYMENTS ARE NON-REFUNDABLE
- CHECKS PAYABLE TO: Malden Recreation Department

DEPARTMENT OF RECREATION
City of Malden

QUESTIONS / NEED ASSISTANCE?

CALL US:
781-397-7168 (Se habla Español)

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