

# Camden Winter Classic Pickleball Tournament

Saturday and Sunday – December 2-3, 2017 – Play begins at 9:00 AM  
Howard Peoples Park – 656 N. Gross Road, Kingsland, GA  
Doubles matches play on Saturday and Mix-Doubles play on Sunday  
ENTRY DEADLINE: MONDAY – NOVEMBER 20, 2017

Entry fee: \$25 for first division and \$10 for additional division. \$10 for late registration. Entry fee covers prizes, a hand towel, lunch and water.

Name of Player \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Circle level of play: Advanced 4.0-4.5, Intermediate 3.5, Novice 2.5-3.0

Circle your age group: 18+, 40+, 50+, 60+, 70+

I am playing: Doubles ( ) Mixed Doubles ( ) (Check all that apply to you)

Name of doubles partner \_\_\_\_\_

Name of mixed doubles partner \_\_\_\_\_

\*\*NOTE: If you do not have a partner, one will be randomly assigned from available entrants. In the event of no partner is available, your money will be refunded.

Make checks payable to: CCRC. Mail to CCRC, 1050 Wildcat Drive, Kingsland, GA 31548. In

Memo line of check put: PICKLEBALL

If you have any questions, call Camden County PSA at 912-729-5600 or

Email Cathy at [truelove.cathy@gmail.com](mailto:truelove.cathy@gmail.com)

\*\*This is a non ASAPA sanctioned tournament. We will be using Onyx Pure 2 Balls.

**Liability Statement:** I, the person listed above, hereby give approval to his/her participation in the tournament activities for which I am registering to participate (pickleball). I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless Camden County Board of Commissioners, City of St. Marys, City of Kingsland, City of Woodbine, CCPSA Leisure Services, Camden County PSA, local league organization, the organizers, sponsors, supervisors, and participants, for any claim arising out of injury to myself, except to the extent and in the amount of the amount covered by accident and/or liability insurance held by the local/tournament organization. **Medical Statement:** I also grant permission to the managing and/or coaching personnel or other league representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery deemed necessary by an adult licensed physician should I become ill or injured while participating in activities away from home, or at other times when I am not able to grant authorization for emergency treatment.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_