

# Cobourg 55+ Ranked Pickleball Tournament

## REGISTRATION FORM

JUNE 10 and 11, 2017 • 9am - 5pm • Registration at 8am

Cobourg Community Centre • 750 D'Arcy Street Cobourg, ON K9A0G1 • 905 372 7371 | [ccc.cobourg.ca](http://ccc.cobourg.ca)



SATURDAY MEN'S DOUBLES

2.5

3.0

3.5

4.0

SATURDAY WOMEN'S DOUBLES

2.5

3.0

3.5

4.0

SUNDAY MIXED DOUBLES

2.5

3.0

3.5

4.0

Please submit a registration form for each category you wish to register in.  
If you are playing both Saturday and Sunday, you need to submit two registration forms.

We ask that you **accurately** rank yourself to participate in this tournament.  
Failure to do so will result in disqualification with no refund.

REGISTRATION CLOSING MAY 28, 2017

### PLAYER ONE

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

REGISTRATION FEES PAID

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

### PLAYER TWO

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

REGISTRATION FEES PAID

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

**REGISTRATION FEES**

\$25 • Tournament • Additional \$15 each additional event  
Snacks to be provided

**PAYMENT**

CHEQUE # \_\_\_\_\_ (Payable to the Town of Cobourg. No post-dated cheques)

VISA     MASTERCARD

CARD HOLDER NAME: \_\_\_\_\_ SIGATURE: \_\_\_\_\_

CARD # : \_\_\_\_\_

EXP: \_\_\_\_\_ AMOUNT TO BE CHARGED: \_\_\_\_\_

**CANCELLATION**

Should you need to cancel your registraton for the Cobourg 55+ Ranked Pickleball Tournament, we ask that you notify us no later than June 2, 2017. Substitutions are allowed. Please contact 905-372-7371 or email kwilliams@cobourg.ca if you have any questions.

**PHOTO PERMISSION**

PLAYER ONE [initial]                    \_\_\_\_\_ YES. I do give my permission for my photo to be taken.  
    \_\_\_\_\_ NO. I do not give my permission for my photo to be taken.

PLAYER TWO [initial]                   \_\_\_\_\_ YES. I do give my permission for my photo to be taken.  
    \_\_\_\_\_ NO. I do not give my permission for my photo to be taken.

**RELEASE FROM LIABILITY**

I hereby release the Corporation of the Town of Cobourg from all actions, claims and demands for damages, loss or injury arising from any accidents which may be caused by or arise from participation by the applicant(s) named in any program or in any facility or at any location where a program is being held. No acceptance permitted unless signed below.

Please sign below signifying that you have read and understand the statement above and agree that your responses are accurate.

_____	_____	_____
Player One Signature	Player One - Print Name	Date

_____	_____	_____
Player Two Signature	Player Two - Print Name	Date