



TOURNAMENT REGISTRATION FORM



SHORE SHOWDOWN PICKLEBALL TOURNAMENT Billy Gene Jackson Park – Salisbury MD OCTOBER 1-3, 2021

TOURNAMENT INFORMATION

Men's and Women's Open Singles – Friday October 1ST 4:00pm start time

Men's and Women's Double – Saturday October 2nd 8:00am start time

Mixed Doubles – Sunday October 3rd 8:00am start time

All Brackets will be Double Elimination for 4 or more teams & Double Round Robin for 3 Teams

Guaranteed Tournament T-Shirt if Registered by September 10, 2021

Awards: Medals for 1st, 2nd, 3rd for each bracket played

Tournament Draw Released on September 28, 2021

This is a NON-Sanctioned Pickleball Tournament

PLAYER INFORMATION---Registration Deadline (September 26, 2021) Please Print Clearly

How did you hear about us? (Mark One that Applies)

- Family Internet EMail Flyer Previous Customer
 Newspaper Radio TV Social Media Other

ATHLETE NAME _____ Day of Event AGE _____ SHIRT SIZE _____

E-MAIL: _____ Cell Phone: _____

Age Division Select Skill Level Select Your Tournament (choose all that you wish to enter)

19-39 2.5 – 3.0 Recreational Men's Open Singles Women's Open Singles

40-54 3.5 Intermediate Men's Doubles Women's Doubles

55+ 4.0 – 5.0 Advanced Mixed Doubles

Partner's Name (if known) _____

Divisions are determined by the age of your youngest player or your team AND the highest skill level of your team

PAYMENT INFORMATION (Last Day for Refunds September 10, 2021)

Payment \$ _____ (\$50.00) Covers entry for 1-3 events

Cash Check Credit Card (MC/Visa)

Credit Card #: _____ Expiration: _____ 3-Digit Code _____

Name on the Card _____ Billing Zip Code _____

Waivers & Medical Information and Signature Authorization on Back Side

WAIVER & MEDICAL INFORMATION - PLEASE PRINT CLEARLY

MEDICAL INFORMATION Please list clearly any medical conditions or medications taken that would affect participant's involvement in this event:
Athlete _____

CONCUSSION WAIVER In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that information has been made available to me regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC). For additional information I understand that I may call 1-800-232-4636 or go to www.dcd.gov/concussioninyouthsports.

GENERAL WAIVER: In consideration of the execution of a similar contract by all persons participating in this program/league, I hereby I agree to abide by all rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program including exposure to the potential risk of concussion. No insurance covering accident or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will my participation in a program be contingent on divulging any confidential medical information.

COVID-19 SCREENING: Participants and spectators are recommended to self-screen prior to arriving on site at any program, event or activity in accordance with CDC guidelines. Screening upon arrival on site will be required. If you answer yes to any of these questions or have a temperature higher than 100.4 degrees Fahrenheit at any point in time you stay home and not return to activity until you have been cleared and have a medical release. If you fail to agree to screening, you are not allowed to participate or attend.

PHOTO RELEASE I hereby grant Wicomico County, Maryland permission to use my likeness in a photograph, video or other digital reproduction in any and all of its publications, including any website entries and social media, without payment or any other consideration. I understand and agree that these materials will become the sole property of Wicomico County, Maryland and will not be returned. I hereby irrevocably authorize Wicomico County, Maryland to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the its programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Wicomico County, Maryland from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Please check here if you would not like to receive email updates on future activities and programs from Wicomico County Recreation, Parks and Tourism

Printed Name

Date

Athlete Signature

Date