

12th Annual Connestee Falls Pickleball Club Student Scholarship Fund Pickleball Tournament September 22, 23 & 24, 2023

*One registration form per person

PLEASE PRINT CLEARLY

CIRCLE ONE MM DAY YEAR

Name: _____ M / F DOB _____ / _____ / _____

Address: _____

Phone: (_____) _____ - _____ Email: _____ @ _____

Please check the division(s) you are entering:

9/25/22 MEN'S Doubles:	3.0 ()	3.5 ()	4.0 ()	50+ () or 65+ ()	4.5+ ()	45+ ()
9/23/22 WOMEN'S Doubles:	3.0 ()	3.5 ()	4.0 ()	50+ () or 65+ ()	4.5+ ()	45+ ()
9/24/22 MIXED Doubles:	3.0 ()	3.5 ()	4.0 ()	50+ () or 65+ ()	4.5+ ()	45+ ()

() Entry Fee \$50 () 2nd Event \$10

Total Enclosed: _____ (There are no refunds for any reason)

*Please make checks payable to: **Connestee Falls Student Scholarship Fund**

Mail this signed registration form, along with your check to: **CFSSF at 422 Usdasdi Drive, Brevard, NC 28712**

Partner's

CIRCLE ONE MM DAY YEAR

Name: _____ M / F DOB _____ / _____ / _____

Partner's

CIRCLE ONE MM DAY YEAR

Name: _____ M / F DOB _____ / _____ / _____

GENERAL RELEASE AND WAIVER:

In consideration of the acceptance of my registration for the Tournament, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the Connestee Falls POA and Connestee Falls Pickleball Club, and anyone acting for or on their behalf, from any and all claims of liability for injury, loss, or damage of any kind or nature, arising out of or sustained in the course of my participation in the Tournament. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owned under the Occupier's Liability Act).

Player's Signature

Date

Emergency Contact: _____

Print Name

(_____) _____ - _____

Phone Number

Questions? cfpc002@yahoo.com