

Richardson Community Center

3 Heated/AC Indoor Courts
255 NE Coach Anders Lane, Lake City FL 32055

Cost: Early Bird: \$30, add \$5 for 2nd event
After Nov 30: \$35, add \$5 for 2nd event

Deadline: December 18

Free dry-fit t-shirt if register by deadline

PLEASE PRINT CLEARLY



Name _____ USAPA# _____ * Skill Level _____ Age _____

If you want results reported to USPA

If you want age considered

City/St _____ Dry fit T-shirt: MEN WOMEN S M L XL XXL
(circle choices)

Email _____ Phone _____

Emergency Contact: _____ Phone _____

Will you spend the night? Thurs Fri Sat [Fairfield Inn & Suites Room Discounted Reservation](#)

Skill Levels - Blind Draw: 2.5-4.0 Doubles: 3.0, 3.25, 3.5, 4.0 This is a non-sanctioned tournament.
Friday: Women Doubles Saturday: Mixed Doubles Sunday: Men's Doubles Monday: Blind Draw

Doubles teams are not registered until waivers & payment are received for both players.

***SKILL LEVELS ARE:** 2.75, 3.0, 3.25, 3.5, 4.0. If we need to move teams to fill a division, should your team be moved up or down? Please indicate which by circling + (for up) or a - (for down) after the team skill level.

___ Women's Doubles Team *Skill _____ + - Partner _____ *Skill _____

___ Mixed Doubles Team *Skill _____ + - Partner _____ *Skill _____

___ Men's Doubles Team *Skill _____ + - Partner _____ *Skill _____

___ Blind Draw *Skill _____ + - _____ I need a doubles partner, please post my Phone# on the web

Make check payable to: RCC/AMN, Inc Pickleball

Mail to: DONNA LYNCH

161 SW SKYHAWK DR, LAKE CITY, FL 32025

If you have questions or need more information:

Email: PickleballLakeCity@gmail.com

Cell: 386.292.3787

Web: <http://www.LakeCityFLPickleball.com>

COLUMBIA COUNTY RECREATION DEPARTMENT PARTICIPANT WAIVER:

Please read this form carefully and be aware that in registering yourself for participation for this event, you will be waiving and releasing all claims for injuries you might sustain from the event.

- I recognize and acknowledge that when participating in Columbia County Recreation events and activities that there are certain risks of physical injury to participants.
- I agree to assume full responsibility of the injuries, damages and loss regardless of its severity while participating in Columbia County Recreation events and activities.
- I waive and relinquish all claims that I or my insurer may have against the Columbia County Richardson Community Center, its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I may have or which may accrue to me on account of my participation in the above program.
- I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE ALL CLAIMS

Participant Signature: _____ **Date:** _____