MAPLE CITY PICKLEBALL LEAGUE TEAM REGISTRATION

From the Norwalk Parks and Recreation Dept.

Deadline to Register: May 31st

Regular Season: Weeks of June 14th through August 15th
Beginner Tournament: Saturday, August 22nd
Mid-Range Tournament: Saturday, August 22nd
Advanced Tournament: Saturday, August 29th
Entry Fees: $40 per team (includes shirts)
For ages 14+ with at least one player 18+ per team.

Team Skill Level* (circle one): **1.0-2.0** *Beginner* **2.5-3.0** *Mid-Range* **3.5 +** *Advanced*

Division placement based on enrollment – no guarantees

Team Name: _____

Participant Information: Team Player #1 **T-shirt size (circle one): XS S M L XL 2XL 3XL 4XL**

Name: _____
First Last

Address: _____
Street City State Zip Code

Phone #:_____ **Email:** _____

Emergency Contact: _____ **Phone #:** _____

Participant Information: Team Player #2 **T-shirt size (circle one): XS S M L XL 2XL 3XL 4XL**

Name: _____
First Last

Address: _____
Street City State Zip Code

Phone #: _____ **Email:** _____

Emergency Contact: _____ **Phone #:** _____

WAIVER. In consideration of being permitted to participate in any way in the Maple City Pickleball League, I, for myself, my heirs or assigns, **do hereby release, waive, discharge and covenant not to sue** the City of Norwalk, the Norwalk Parks & Recreation Department, their officers, employees and agents from liability **from any and all claims** resulting in personal injuries, accidents or illnesses (including death) and property loss arising from my participation in the League. I understand that it is my responsibility to coordinate playing times with my scheduled opponent and risk forfeiting games if not completed. Additionally, I understand that matches are self-officiated and unsportsmanlike conduct, such as verbal threats or acts of violence, is grounds for removal from the league at the discretion of the league director.

_____ _____ _____
Signature of Participant #1 **Print Name of Participant #1** **Date**

_____ _____ _____
Signature of Participant #2 **Print Name of Participant #2** **Date**

Date Payment Received: _____ *Payment Type:* _____ *Receipt #:* _____ *Initials:* _____