



# 2017 Fall (Session I) Adult Pickleball League Registration Form

**Cost: \$15 per Person**

**Registration: August 1, 2017 – August 21, 2017**

**League Start Date: Wednesday, September 6**

**League Format: 15-game season over 5 weeks (ladder league)**

**Day Offered: Wednesday**

**Time: 10:30 AM – 1:30 PM (an individual’s game time may change from week to week depending on ladder position)**

**Game Location: Douglass Community Center, 1111 Avenue H, Plano**

**E-MAIL REGISTRATION FORM TO [ADULTSPORTS@PLANO.GOV](mailto:ADULTSPORTS@PLANO.GOV) OR**

**FAX REGISTRATION FORM TO 972-941-7469 OR**

**SUBMIT IN PERSON @ THE ADULT SPORTS OFFICE, OAK POINT NATURE PRESERVE, 5901 LOS RIOS BLVD., PLANO**

**MONDAY – FRIDAY 8:00 AM – 5:00 PM (call **972-941-5275** before making the trip)**

**IMPORTANT: YOU WILL NOT BE REGISTERED UNTIL WE HAVE RECEIVED YOUR PAYMENT INFORMATION**

**PAYMENT: PLEASE CALL THE ADULT SPORTS ADMINISTRATIVE OFFICE AT 972-941-5275 TO PROVIDE YOUR PAYMENT INFORMATION (VISA, MC, AMEX, DISCOVER) OVER THE PHONE, UNLESS YOU ARE SUBMITTING YOUR FORM IN PERSON. CASH AND CHECKS ARE ALSO ACCEPTED, HOWEVER, CHECKS MAY NOT BE MAILED IN.**

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

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

CITY / ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please fill in the answers to the questions below to help us place you initially on the ladder.

1. How long have you been playing pickleball? Years \_\_\_\_\_ Months \_\_\_\_\_
2. Have you played in any pickleball tournaments? No \_\_\_\_\_ If yes, how many? \_\_\_\_\_
3. Do you have an official Pickleball Association rating? No \_\_\_\_\_ If yes, what is it? \_\_\_\_\_
4. Please rate your pickleball skill level:  
 Beginner \_\_\_\_\_  
 Intermediate \_\_\_\_\_  
 Advanced \_\_\_\_\_

## RELEASE OF LIABILITY

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
2. I hereby waive all claims, release, indemnify, defend and hold harmless the City of Plano and all of its agents, for any and all liability, claims, suits or demands, or causes of action, including all expenses of litigation and/or settlement which are related to or arise by reason of, injury to, or death or debt of any person, including but not limited to myself, or for loss of, damage to, or loss of use of any property arising out of, resulting from, or in connection with my participation in the Program(s).
3. I will, without limitation, assume and pay all medical and emergency expenses in the event of an accident, injury, illness or other incapacity, regardless of whether I have authorized such expense.
4. I agree that City, its officials, employees, agents and representatives have the authority to use pictures of me taken at any City of Plano event. The pictures may be taken and used without my knowledge or payment to me.

\_\_\_\_\_  
**Participant**

\_\_\_\_\_  
**Date**

## EMERGENCY CONTACT

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

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_