

2018 Indoor Pickleball Registration Form

Name: _____ Date of Birth: _____
Last First MI

Address: _____
Street City State Zip

Phone: _____ E-mail: _____ M F Age (as of 12/31/18)

Emergency Contact: _____

Name Relationship Phone

REGISTRATION DEADLINE NOVEMBER 2, 2018

Make checks payable to : City of Albuquerque

Mail Registration or deliver to Palo Duro Sports & Fitness Center, 3351 Monroe NE, Albuquerque NM 87110

Compete & Meet

AGE TOURNAMENT

Saturday, November 17 - Doubles

Partner Name _____ Age: _____

Sunday, November 18 - Mixed Doubles

Partner Name _____ Age: _____

\$20.00

**Annual Dept. Senior Affairs
Membership Fee**

Exclude if you have a current membership

Doubles \$10.00

Mixed Doubles \$10.00

AGE DIVISIONS

- 50-59 • 70-74
- 60-64 • 75+
- 65-69

- **Limited teams**
- **Age groups may be combined if necessary**

LIABILITY WAIVER

I, the undersigned participant, hereby agree to indemnify and hold harmless the City of Albuquerque, its agents, employees, representatives and assigns, from any and all actions, cause of actions, or claims of whatsoever kind or nature which I or my representatives or assigns may have, or at any time in the future have as a result of injury arising out of my participation in the 50+ Sports & Fitness Program. I warrant and represent to the sponsors that I have prepared myself for the events which I have entered by practicing the same prior to my participation in the 50+ Sports & Fitness Program. I warrant and represent to the sponsors that I am in good physical health and condition and I am physically able to participate in the trips I have selected. I know of no physical restrictions which would prohibit my participation in the trips that I have selected. I have been advised by the sponsors that it would be in my best interest to consult my physician prior to my preparation in the 50+ Sports & Fitness Program. I recognize and understand that the preparation and the participation may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing medical disorder which I may have, thereby resulting in serious or life-threatening physical harm to me. The City of Albuquerque has my permission to have a physician treat me, if needed, during my participation in the events of the 50+ Sports & Fitness Program.

By checking the box I agree to the following:

The undersigned does hereby consent to the photographing of the undersigned, and does hereby authorize the City of Albuquerque, Department of Senior Affairs to cause the same to be exhibited with advertising sponsorship as still photographs, transparencies, vehicle wraps, motion picture film and video tape for use on television, or in other printed and graphic materials. The undersigned does hereby release the City of Albuquerque, Department of Senior Affairs and their associates and assignees from any and all claims for damages for libel, slander, invasion of the right of privacy or any claims based on the use of said material.

PRINT NAME SIGNATURE DATE

By completing this registration, I agree to abide by all the rules and regulations of and by the 50+ Sports & Fitness Program, to observe all rules of play, to exercise good sportsmanship and follow all written and or oral instructions given to me by authorized personnel of the City of Albuquerque.