



2018 Annual LHCPBA Tournament @ DSP
March 9th, 10th and 11th
1628 Avalon Ave., LHC, AZ



- Adult (19+ years) Non-Sanctioned skill-level tournament, 8 Teams/Division
•Friday: Men’s Doubles, •Saturday: Women’s Doubles, •Sunday: Mixed Doubles
•Team Round-Robin format ~3.0, ~3.5, ~4.0+
•Tournament director reserves the right to change skill levels depending on turnout.
•Play begins at 7:30am for 1st Division - Other start times TBD
•Questions? - Contact Doug Carr at (775) 848-5418 or nvbrick@yahoo.com

Registration Form (EACH player MUST fill a form out & Sign) - Please print:

(Print Full Name) (Sign Full Name) (Date) (Sex)

(Doubles Partner Full Name) (Sex)

(Mixed Doubles Partner Full Name) (Sex)

Help me find a: Doubles Partner: , Mixed Doubles Partner:

(Address of player filling out this form) (City) (State) (Zip)

(Email Address) Phone

Emergency Contact: Phone No:

Skill Level (Circle One for Your Team): 3.0 3.5 4.0+ USAPA or Self-Rating

Registration Fee Per-Person: LHCPBA Members \$15, Non-Members \$30 (Includes one event)

Second Event: \$10 Per-Person

Total Enclosed:

- PLEASE Bring Cash To Courts For The 50/50 Drawing & Raffle
•Your Dollars Will Help With Our Continued Growth In Pickleball In LHC

Completed Registration Form and Full Payment Must Be Postmarked No Later Than March 2nd
Give form & Payment to Doug Carr or mail to: LHCPBA, PO Box 192, LHC, AZ 86405

AGREEMENT, RELEASE & WAIVER OF LIABILITY:
I recognize and understand that there are certain inherent risks to which I will be exposed because of the nature and level of the sports activity in which I have agreed to participate. I understand and agree that the LHCPBA, their agents and officials assume no responsibility for injury or illness that I may sustain as a result of my physical condition or my participation in any LHCPBA events. I understand it is my responsibility to provide my own accident and health insurance coverage and that LHCPBA, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the LHCPBA to use or distribute, without limitation or obligation, any record of events which may include my voice or image. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless the LHCPBA, their agents, and officials from any manner of claims or lawsuits that may result from my participation.