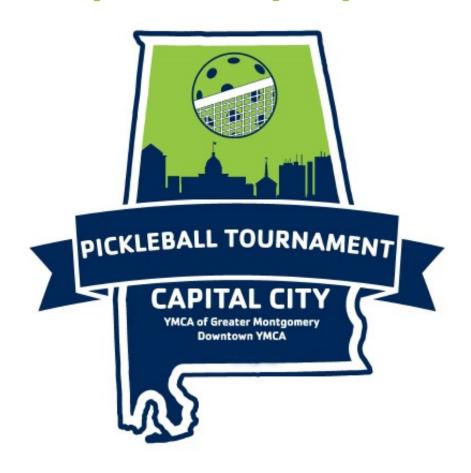
YMCA of Greater Montgomery Capital City Open



Mixed Doubles: Saturday, October 27th Men's & Ladies Doubles: Sunday, October 28th

Tournaments will be held at the Downtown & Bell Road YMCA locations

October 27th - 28th, 2018

Registration Starts: September 17th, 2018
Registration Deadline: October 12, 2018
ymcamontgomery.org
334.269.4362

YMCA of Greater Montgomery Downtown YMCA Pickleball Tournament Registration Form

Player #1's Name				
Address:			City:	State:
Zip Code:	Gender:	Age:	*Shirt Size:	
Telephone:		Email:		
Player #2's Name	:			
Address:			City:	State:
Zip Code:	Gender:	Age:	Shirt Size:	
Telephone:		Email:		
*Shirt Size – Please ind	icate the size needed: If in	doubt, please order the lar	ger size!	
Format (please circle):	Mixed Doubles	Men's Doubles	Ladies Dou	ıbles
Format Locations:	Mixed Double Pool Play will be at Downtown & Bell Road Y (Saturday morning) Mixed Double Tournament will be at Downtown Y only (Saturday afternoon) Men's & Ladies' Tournament will be at Downtown Y only (Sunday)			
Fees: \$60.00 per team				
or ward for loss or damage to hereby release, waiver, and cagents (collectively the "Rele damage to his or her propert loss, liability, damage, or cos In the event of injury, I autho appropriate. I understand th Releases to use indefinitely,	es are inherently risky and potention his or her property that my resul ovenant not to sue the Young Merases") from all claims, demands, day that my occur while my child is point that may occur du to my child's controlled or call at I am solely responsible for all continuity.	It from his or her participating the of S Christian Association of Monto amages, losses, or causes of actio articipating in the activities. I full or ward's participation in the activities to provide such medical care costs incurred for such medical care notographs, film footage, or tape	erein. I, for, and on behalf of mys pomery, Inc., and its directors, off ns arising from any injury to my o ther indemnify and hold harmles vities. and treatment to my child or war e or treatment. I hereby give my	self and my child or ward, ficers, employers, and child or ward or loss or s the Releases from all d as may be necessary and permission to the
I have read and volunta	rily signed this agreement a	and agree to be bound by it	s terms	
Player #1 Signature			Date	
Player #2 Signature			Date	
Return this form and pa		ICA of Greater Montgomery Downtown YMCA 761 S. Perry Street Montgomery, AL 36104 334-269-4362	,	
Date Received:			Amount.	