



GRPA District 3 Pickleball Registration Form



District Competition August 18 – 22, 2021

Tournament Location: Thomas Co. Middle School Pickleball Courts 4681 US HWY 84 Bypass, Thomasville, GA 31792
and/or Thomasville High School Pickleball Courts 315 South Hansel St. Thomasville, GA 31792

Registration Fee: Singles \$12 per person (includes \$2 Pickleballtournaments.com)

Doubles \$17 per person (\$34 per team) (includes \$2 Pickleballtournaments.com)

DEADLINE TO REGISTER IS SATURDAY, AUGUST 14, 2021

- The registration fees are to be paid to the agency you are representing. The agency will submit one check payable to Thomasville YMCA for the total amount of all players representing their agency.
- The agency must submit an official GRPA roster for each age division/skill rating.
- Age Control Date is December 31 of tournament year.
- Competitors MUST be 14 years of age or older with a skill rating of at least 3.0
- Competitors MUST have a valid GA DL or other acceptable form of proof of age.
- **All competitors MUST be a resident or full-time student in the County they are representing.** The agency MUST be a member in good standing with GRPA and GRPA District 3.
- **For Doubles: YOU MUST HAVE A PARTNER designated at the time of entry.**
- This form is for **ONE** player only. If playing DOUBLES, your partner MUST also complete a form and show proof of age/residency. You MUST know your partner's age and skill rating to complete this form.
- GRPA Pickleball Tournaments are governed by the GRPA Athletic Manual & by current rules and regulations of USAPA. **Brackets & Start times available at www.pickleballtournaments.com after August 17th**

NAME (Please Print): _____ () MALE () FEMALE DOB: _____

COMPLETE ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

Agency Representing: _____

What is your skill rating (Circle One) 3.0 3.5 4.0 4.5 5.0 Years Played? _____

Age Division (Circle One) 14-29 30-39 40-49 50-59 60-69 70+

Tournament Event(s) Selected:

____ Men's Doubles Partner's Name: _____ Age: _____ Skill: _____

____ Women's Doubles Partner's Name: _____ Age: _____ Skill: _____

____ Mixed Doubles Partner's Name: _____ Age: _____ Skill: _____

____ Men's Singles AGE: _____ Skill: _____

____ Women's Singles AGE: _____ Skill: _____

LIABILITY WAIVER: In accordance with ZERO Tolerance Policy set forth by the Georgia Recreation and Park Association (GRPA) and Thomasville YMCA, I verify that the information provided on this application is true and accurate. I further agree to adhere to the rules of the GRPA and Thomasville YMCA. If these rules are not followed, I agree that the GRPA and Thomasville YCMA reserve the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility.

By submitting this application, I agree that GRPA and Thomasville YMCA may photograph and videotape me, and the GRPA and Thomasville YMCA may use those photographs or video footage for its marketing purposes. I release the GRPA and Thomasville YMCA from any claim or liability related to that use, waive all claims for myself, my heirs and assignees against GRPA, Thomasville YMCA staff persons and the Thomas County Schools and Thomasville City Schools.

I agree that GRPA, Thomasville YMCA, Thomas County Schools, and Thomasville City Schools shall not be responsible for any personal injuries or losses sustained by me while participating in this sponsored event. I further agree to indemnify and hold harmless the GRPA, Thomasville YMCA, Thomas County Schools, and Thomasville City Schools from any claims or demands arising out of any such claims or losses.

Signature of Player: _____ **Signature of Agency Director:** _____

For more information please contact Karen Morabito kmorabito@ymca-thomasville.org or (229)226-0133