



Department of Parks & Recreation – Recreation Division  
 101 Field Point Road, Greenwich, CT 06836-2540  
 Phone: 203-618-7649 - Fax: 203-622-6494  
 Email: [Recreation@greenwichct.org](mailto:Recreation@greenwichct.org)



## 2020 Pickleball Round-Robin Entry

**DESCRIPTION:** The Town of Greenwich Recreation Division will be hosting the sixth annual doubles pickleball round-robin on Saturday, March 28, 2020 for intermediate and/or advanced teams (Must provide \*tournament experience and self-ranking). Men’s and women’s teams consisting of two players must register to participate. Teams from other communities are invited to register.

**REGISTRATION:** Opens Monday, February 10. First come, first serve; Space is limited (24 teams: 12 men’s and 12 women’s) and registration will remain open until filled. Registration forms along with payment must be submitted to the Eastern Greenwich Civic Center.

**LOCATION:** Eastern Greenwich Civic Center, 90 Harding Road, Old Greenwich

**DATE:** Saturday, March 28, 2020

**TIME:** 9:30 a.m. – 5:00 p.m. Teams will be scheduled to play either in the morning from 9:45 a.m. – 12:30 p.m. or afternoon from 1:15 p.m. – 4:00 p.m. Flights with start times will be emailed out to participants in advance. The winners of each flight will play championship rounds.

**FEE:** \$25.00 entry fee per doubles team. **Cash or Check** (payable to: “Town of Greenwich”) must be submitted with this completed registration and either mailed or dropped off to:

Eastern Greenwich Civic Center  
 Attn: Pickleball Round-Robin  
 90 Harding Road, Old Greenwich, CT 06870

Please complete sections below and submit with payment: Check box: Women’s team  Men’s team

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

**Player #1**

Last Name	First Name	Self-Ranking
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Home Phone	Cell Phone	E-mail
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\*How many Pickleball tournaments have you participated in since the start of 2019: \_\_\_\_\_

**Player #2**

Last Name	First Name	Self-Ranking
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Home Phone	Cell Phone	E-mail
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\*How many Pickleball tournaments have you participated in since the start of 2019: \_\_\_\_\_



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Program Name Pickleball Round Robin

**Player #1** Name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

***In case of emergency notify the following:***

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

List Physical Restriction(s): \_\_\_\_\_

**INDEMNIFICATION AND RELEASE**

**THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.**

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the \_\_\_\_\_ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence.

**Dated at Greenwich, Connecticut, this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_**

**Signature of Participant or Parent or Guardian for participants under 18 years of age:**

**Town of Greenwich Parks and Recreation—Anti-discrimination Policy**  
 It is the Town of Greenwich's policy to provide full, equal and nondiscriminatory access to its park facilities, beaches and recreation areas in accordance with applicable state and federal laws. The Town's park facilities, beaches and recreation areas are open to all Town residents and other members of the general public admitted thereto in accordance with, and subject to, applicable state and federal laws, and ordinances, and regulations promulgated by the Director of Parks and Recreation and the Selectmen. It is the policy of the Town of Greenwich that all Town ordinances, regulations, policies and rules with respect to the Town's park facilities, beaches and recreation areas are applied consistently without regard to race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, lawful source of income, mental retardation, mental disability or physical disability, including but not limited to blindness or deafness or any other legally protected classification. The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or [alan.barry@greenwichct.org](mailto:alan.barry@greenwichct.org) as soon as possible in advance of the event.

OFFICE USE ONLY				
HH # _____	Check # _____	Receipt # _____	Proof _____	Initials _____



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Program Name Pickleball Round Robin

**Player #2** Name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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