

# FIRST ANNUAL BELMONT 55 PLUS PICKLEBALL TOURNAMENT



Tuesday, June 13, 10 a.m.

A Round Robin  
Elimination Tournament

At the Pequossette Courts  
Behind the Belmont VFW Bldg.  
310 Trapelo Rd., Belmont

Check in/Warm Up: 9:30 a.m.

Entry Fee: \$10. per player

Payment should be made to: Belmont Recreation Dept.  
PO Box 56, 19 Moore St. 2nd floor  
Belmont MA 02478

Level of Play    Beginner \_\_\_\_\_    Intermediate \_\_\_\_\_    Advanced \_\_\_\_\_ (may be adjusted for more balanced play)

Player's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Player's Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver of Liability (Please read before signing)

I, the undersigned, as a participant, do hereby consent to my participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for my well-being.

\_\_\_\_\_  
Name of participant Date

\_\_\_\_\_  
Signature of participant