

# MAIL IN REGISTRATION FORM

YMCA OF THE NORTHWOODS

## 2024 *Clash of the Paddles* PICKLEBALL TOURNAMENT REGISTRATION

**Saturday, March 23 and Sunday, March 24, 2024**

**Hodag Dome at 863 Hodag Dome Dr, Rhinelander, WI 54501**

**Please register by Tuesday, March 10th**

**\$35 first event per person \$10 additional division**

Complete a separate registration form for each division you enter.

TEAM MEMBER #1: \_\_\_\_\_ Email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ USAPA Rating: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ M or F

PARTNERS NAME \_\_\_\_\_ USAPA Rating: \_\_\_\_\_

### Division: (Circle one or more)

**Saturday**            Men's Doubles                      Woman's Doubles

**Sunday**            Mixed Doubles                      65+

### Responsibilities and Releases

**Initial \_\_\_\_\_ Code of Conduct-** The Y is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of Y property and criminal conduct of any type.

**Initial \_\_\_\_\_ Privacy-** I understand that I will not take any type of photo, video, or electronic data of members, class participants at any time. Conduct detrimental to the association and/or in disregard of Y member policies and practices may result in suspension and/or termination of privileges and possibly litigation.

**Initial \_\_\_\_\_ Liability** – I understand that the Y assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs, without respect to location. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the Y, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family's participation in these activities.

**Initial \_\_\_\_\_ Photo Talent Release** – I give permission to the Y to use, without limitation or obligation, photographs, video, or tape recordings which may include my or my family's image(s) or voice(s) for purpose of promotion or interpreting Y programs.

**Initial \_\_\_\_\_ Sex Offender Registry-** Anyone that appears on the Sex Offender Registry is not eligible as a guest or participant. I give permission to the Y to verify the Sex Offender Registry.

SIGNATURE #1 \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DATE \_\_\_\_\_

Mail to: YMCA of the Northwoods, 2003 E Winnebago St, Rhinelander, WI 54501  
Call: 715-362-9622