



# 1<sup>st</sup> Annual Pickleball Tournament

Presented by Sanitary Sewer Cleaning Co. Ltd.  
Fair Grounds – 334 Metcalfe Street West

**Tournament Date: Saturday June 15, 2024**

**Entry Fee:** \$25 per player and division. Registration forms are to be scanned and payments via e-transfer to [info@strathroyhometownfestival.com](mailto:info@strathroyhometownfestival.com) please add player's name in message area. Forms and a "cheque" payment can also be delivered or mailed to 8 Charles Blvd. Strathroy MUST be received by June 7<sup>th</sup>, 2024

**Entry Deadline:** Registration form and fee must be received by June 7<sup>th</sup>, 2024. Registration is capped at 8-intermediate and 8-advanced teams per division "FIRST COME FIRST SERVED"

**Format of Play:** 3 games guaranteed, pool play Round-Robin, games to 11 and win by 1

**NOTE:** All players are required to sign a Strathroy Hometown Festival waiver prior to participating in the tournament. Waivers available at the Registration Table.

## Player Information

**Player Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Partner's Name** \_\_\_\_\_

**Age Division:** 50+

**Divisions (please circle):** **Mixed Doubles** **Women's Doubles** **Men's Doubles**

**Skill Level (please circle):** **Intermediate – UNDER 4** or **Advanced – 4 and OVER**

### General Release and Waiver:

In consideration of the acceptance of my registration for the Tournament, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the Strathroy Hometown Festival, the Municipality of Strathroy-Caradoc, and anyone acting for or on behalf of the Strathroy Hometown Festival or Municipality of Strathroy-Caradoc, from any and all claims of liability for injury, loss, or damage of any kind or nature, arising out of or sustained in the course of my participation in the Tournament. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Total Fee Paid: \$** \_\_\_\_\_

Contact person is Chris at 519-859-2521