

1st Annual
Crosslake Days
Pickleball Tournament

Saturday, September 26

Crosslake Community Center Pickleball Facility
14126 Daggett Pine Rd Crosslake, MN 56442

You are invited to participate in the 1st annual Crosslake Days Pickleball Tournament - showcasing our brand new Pickleball Facility!

Proceeds from this tournament support the Crosslake Pickleball Program.

Tournament Information - Call (218) 692-4271 for more information.

- Start Time: 8:30 a.m.
- Registration Fee/Per Player: Non-Annual Member \$20, Annual Member \$10
- Mixed Round Robin
- Franklin X-40 Balls (Optic)
- Register by Friday, September 18
- Prizes for 1st, 2nd & 3rd place!



Name: _____ Doubles Partner: _____

Entry Level (**must circle one**): Recreation Open/Competitive

Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Emergency Contact & Phone Number: _____

Waiver & Release of Liability

I agree to assume all responsibility for all risk, damage or injury that may occur to me as a participant. I release and discharge for myself, my heirs, executors and administrators of the Crosslake Community Center, its members, employees and all persons associated with the Crosslake Days Pickleball Tournament from all claims, damages, and rights of action present or future which may arise in connection with my participation in the Crosslake Days Pickleball Tournament.

COVID-19 Statement

The Crosslake Parks and Recreation Department has developed policies, approved by the Crosslake City Council, for required social distancing and disinfecting procedures; however, there will be program equipment, facilities, etc., that cannot be disinfected. There will be "assumption of risk" on the part of participants for voluntary exposure to pathogens.

I have carefully read, clearly understand, and voluntarily sign this Waiver and COVID-19 Statement.

Signature

Date

Please return this registration with payment to the Community Center via mail or in person.

Please make checks payable to City of Crosslake
This tournament is not sanctioned by the USAPA

Office Use Only:

Fee Paid (Y/N) _____	Amount Paid _____	Date _____	Card, Cash, Check _____	Receipt # _____
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