



Ray & Joan Kroc Corps community Center
 1000 N. Keowee St., Dayton OH 45404
 Phone: (937) 528-5100



KETTLE KICK-OFF OPEN TOURNAMENT

November 16-17, 2018

(Must be 16 or over)

Event # #s	Events	Max #	Min #	Dates	Days	Times
#1	3.0 Women's Doubles	8 Teams	3 Teams	Nov. 16	Friday	9:00
#2	3.0 Men's Doubles	8 Teams	3 Teams	Nov. 16	Friday	9:00
#3	3.5 Women's Doubles	8 Teams	3 Teams	Nov. 16	Friday	12:00
#4	3.5 Men's Doubles	8 Teams	3 Teams	Nov. 16	Friday	12:00
#5	4.0 Women's Doubles	8 teams	3 Teams	Nov. 16	Friday	3:00
#6	4.0 Men's Doubles	8 Teams	3 Teams	Nov. 16	Friday	3:00
#7	Women's Open Singles	8	3	Nov. 16	Friday	4:30
#8	Men's Open Singles	8	3	Nov. 16	Friday	4:30
#9	3.0 Mixed Doubles	12 Teams	3 Teams	Nov. 17	Saturday	9:30
#10	3.5 Mixed Doubles	12 Teams	3 Teams	Nov. 17	Saturday	9:30
#11	4.0-5.0 Mixed Doubles	12 Teams	3 Teams	Nov. 17	Saturday	1:00

Format (Double Elimination):

1. Top Bracket is the Best of 3 Games; Each Game to 11 Win by 2.
2. Bottom Bracket is 1 Game first to 15.

Cost: \$25.00/Person. Must be paid with Registration Form. There is no additional cost for entering multiple events.

Registration Opens: Monday, Sept. 17 at 8:00am.

Registration Closes: Saturday, November 10 at 12noon.

NOTE: Registration is Complete Only When Both Parties (Doubles & Mixed) Have Registered and Paid.

Policy on Tournament Refunds:

1. Those who have registered and made payment to a tournament may receive a partial refund of \$20.00 any day before the registration closure date.
2. On or after the registration closure date there will be no refunds.
3. To obtain a refund before closure date, you must present your receipt of payment to the Seth Gilley, Assistant Recreation Director. No receipt of payment, no refund.
4. Should circumstances cause the Kroc Center to cancel a tournament, all monies will be refunded upon presentation of your receipt of payment to Seth Gilley. No receipt of payment, no refund.



Ray & Joan Kroc Corps Community Center
 1000 N. Keowee St., Dayton OH 45404
 Phone: (937) 528-5100



REGISTRATION FORM
Kettle Kick-Off Open Tournament
 November 16-17, 2018

PRINT LEGIBLY

Last name:	First Name:	M/F	Age:	D.O.B.
Address:	City/Town:	Zip:		Rating:
Doubles Partner:	Mixed Doubles Partner:	Phone #		
E-Mail:				

EACH EVENT IS NUMBERED (See Front Page).
 Please indicate the **Event Number(s)** in which you wish to participate: # _____, # _____, # _____

Registration Fee: \$25.00/Person. No additional fee is needed for multiple events.

Registration Opens: Monday, Sept. 17 at 8:00am.

Registration Closes: Saturday, November 10 at 12noon.

Registration is INCOMPLETE if both parties in doubles & mixed doubles have not submitted their registration forms and fees by the deadline.

<p>LIABILITY AND HEALTH WAIVER</p> <p>I, _____, certify that I am currently in good health and that my physician is aware of my participation in the activities associated with pickleball. I assume and agree to hold harmless the Ray & Joan Kroc Corps Community Center, its members, organizers, sponsors, and any other person, firm, or corporation from any and all claims directly or indirectly resulting from participation in any of the pickleball activities offered whether open court, ladder leagues, tournaments, or any other special pickleball program offered.</p> <p>I, _____, fully understand the scope of any of these pickleball activities in which I am freely desiring to participate as such activities could result in physical and emotional injury, impairment, heart attack, stroke, and death. To this waiver I voluntarily sign this form.</p> <p>Signature: _____ Date: _____</p> <p>Emergency Contact Name: _____ Relationship: _____ Phone: _____</p> <p>Parent Signature Required for all Minors:</p> <p>_____</p>	<p>PHOTO RELEASE WAIVER:</p> <p>I grant to the Salvation Army, its representatives and employees the right to take photographs, video footage or sound recordings of me, my voice or my likeness and my property. I authorize the Salvation Army, its assigns, and transferees to copyright, use and publish the same in print and/or electronically.</p> <p>I agree that the Salvation Army may use such images, footage or sound recordings of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and WEB content.</p> <p>I DO consent to having my photo taken and shared as stated above:</p> <p>_____ (Signature) _____ (Date)</p> <p>I DO NOT consent to having my photo taken and shared as stated above:</p> <p>_____ (Signature) _____ (Date)</p>
---	--