



NEUSE RIVER SENIOR GAMES
1821 Old Airport Road, New Bern, NC 28562
Website: cravencounty.recdesk.com
Phone: 252-636-6606

2025 Fall Pickleball Tournament Registration Form

Program Information		
Program Name: Neuse River Senior Games Fall Pickleball Tournament		
Program Location: Creekside Park – Pickleball Courts		Program Dates: Tues., Nov. 18 & Wed., Nov. 19
Program Fee: \$15.00 per participant <i>Make checks payable to: NEUSE RIVER SENIOR GAMES</i> <i>Mail Registration Form and Program Fee to: 1821 Old Airport Rd., New Bern, NC 28562</i>		Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check
Registration Deadline is Monday, November 3		
<input type="checkbox"/> Mixed Doubles Tuesday, November 18 Partner: _____	<input type="checkbox"/> Doubles Wednesday, November 19 Partner: _____	
<ul style="list-style-type: none">• The \$15.00 Program Fee includes entry into Doubles & Mixed Doubles (please specify above).• BOTH participants must register.• Official N.C. Senior Games Rules will be used.• Double Elimination Tournament, one game to 15 win by 2.• Age divisions will be 50-64, 65-74, & 75+.<ul style="list-style-type: none">◦ The “age-up” date is December 31, 2025.◦ The <i>youngest</i> player will determine the team’s age division.• Awards will be presented to the winner in each age group/category.		
Participant Information		
Participant Name: _____		
Primary Phone #: _____	Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Participant Address: _____		
Street/Apt # _____	City _____	Zip _____
Email Address: _____		
Waiver		
<p>In consideration of being allowed to participate in any way in the 2025 Neuse River Senior Games (NRSRG) Fall Pickleball Tournament, I the undersigned participant agree to:</p> <ul style="list-style-type: none">• Indemnify, save and hold harmless, the Neuse River Senior Games, Craven County Recreation & Parks, and any of their agents or representatives for my health, safety, or any injury resulting from my participation in the Tournament.• Have prepared myself for the event which I have entered by practicing prior to the NRSRG. To the best of my knowledge, I have no physical restrictions which would prohibit my participation in this tournament. NRSRG has my permission to have a physician attend to me if it is deemed necessary during my participation.• I grant the NRSRG the free and unrestricted right to use my name and picture in any broadcast, telecast or other written or photographic account of the NRSRG without compensation.		
_____ Signature (Parent/Guardian if under 18 years old)		_____ Date