



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

2024 Fall Pickleball Tournament Registration Form

Program Information		
Program Name: Neuse River Senior Games Fall Pickleball Tournament		
Program Location: Creekside Park – Pickleball Courts		Program Dates: Mon., Nov. 18 & Tues., Nov. 19
Program Fee: \$10.00 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 Sunday, November 3		
<input type="checkbox"/> Mixed Doubles Monday, November 18 Partner: _____	<input type="checkbox"/> Doubles Tuesday, November 19 Partner: _____	
<ul style="list-style-type: none">• The \$10.00 Program Fee includes entry into Doubles & Mixed Doubles (please specify above).• BOTH participants/partners must register.• Official N.C. Senior Games Rules will be used.• Games will be played to 11, best 2 out of 3.• Age divisions will be 50-64, 65-74, and 75+<ul style="list-style-type: none">○ The “age-up” date is December 31, 2024.○ 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 2024 Neuse River Senior Games (NRSNG) 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 NRSNG. To the best of my knowledge, I have no physical restrictions which would prohibit my participation in this tournament. NRSNG has my permission to have a physician attend to me if it is deemed necessary during my participation.· I grant the NRSNG the free and unrestricted right to use my name and picture in any broadcast, telecast or other written or photographic account of the NRSNG without compensation.		
_____ Signature		_____ Date