



Alameda Recreation and Park Department
 2226 Santa Clara Avenue, Alameda, CA 94501
 Ph: 510.747.7529 • Fx: 510.523.4071 • ARPD@alamedaca.gov
<https://alamedaca.gov/recreation/city-tennis-tournament>

Online registration: www.arpdeplay.com

Entries Close: September 1, 2017

Tournament Times: September 8, 9 & 10
 May extend to Sept. 16 & 17 if necessary.
 6:00 pm - 9:00 pm, Friday
 8:00 am - 6:00 pm, Saturday
 8:00 am - 6:00 pm, Sunday

TENNIS TOURNAMENT ENTRY FORM - SEPT. 8, 9 & 10

Return form in person or mail to ARPD Office. Please fill out a separate entry form for each draw you wish to enter - limit 2 events.

- Full payment is due at the time of registration. Checks payable to ARPD. Discover, MasterCard, Visa credit cards accepted.
- All doubles information must be completed and total double fees included. Incomplete entries will not be accepted.
- Activity withdrawals can be made by phone or in person with a \$15 processing fee. The remainder of the fee will be placed on your account.

Please circle the division you are participating in: (Draws may close early or be cancelled pending turnouts.)

SINGLES: \$30

- Men's 5.0
- Men's 4.0 - 4.5
- Men's 3.5 & Below
- Women's 5.0
- Women's 4.0 - 4.5
- Women's 3.5 & Below

DOUBLES: \$50

- Men's 5.0
- Men's 4.0 - 4.5
- Men's 3.5 & Below
- Women's 5.0
- Women's 4.0 - 4.5
- Women's 3.5 & Below

MIXED DOUBLES: \$50

- Mixed 7.0
- Mixed 8.0
- Mixed 9.0

JUNIORS SINGLES: \$25

- Boys' (14-18yrs)
- Girls' (14-18yrs)

JUNIORS DOUBLES: \$40

- Boys' (14-18yrs)
- Girls' (14-18yrs)

Player Information:

TOTAL FEES DUE: \$

Name _____
 Address _____
 City _____ Zip _____
 Phone _____ Can we text you? YES / NO
 Email _____ T-Shirt Size: Small Medium Large XL XXL

Doubles/Mixed Partner information:

Name _____
 Address _____
 City _____ Zip _____
 Phone _____ Can we text you? YES / NO
 Email _____ T-Shirt Size: Small Medium Large XL XXL

Liability Waiver: 1. Undersigned hereby releases, waives and discharges the City of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representative, assignees, heirs and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by negligence and/or property of the City of Alameda, its directors, officers employees, agents, and independent contractors. 2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment, including AED machines, or program transportation thereon. **Photo Consent:** Undersigned authority the city of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, activity guide or social media) produced by the City of Alameda. Check here if you do not give photographic consent. **Consent to Treat:** I hereby give my consent for the city of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense. Check here if I do not consent to treat and I request that medical or surgical services be withheld. Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation statements or inducement apart from the foregoing written agreement has been made.

Participant's Signature _____ Date _____
 (Parent/Guardian Signature required if under 18yrs.)

Payment Information: (Please make checks payable to ARPD)

Discover / Visa / MasterCard (Circle one)

Credit Card # _____ Exp. Date _____
 Name on Card _____ Signature _____
 Address on Card _____

By signing, I authorize the City of Alameda to charge my credit card for the Activity cost listed above.