



100th Annual City of Alameda Tennis Tournament

presented by the Alameda Recreation and Park Department



**FRIDAY, SATURDAY & SUNDAY,
SEPTEMBER 6, 7 & 8, 2013**

**FAIRFIELD TENNIS COURTS
Lower Washington Park
740 Central Avenue, Alameda**

N.T.R.P. LEVELS

- ❖ **5.0 +**
- ❖ **4.0 - 4.5**
- ❖ **3.5 & below**

The City of Alameda Tennis Tournament is open to adults. You do not have to live or work in Alameda to join in on the fun. We will only have Class Divisions 3.5, 4.0, 4.5 and 5.0 Singles, Doubles and Mixed Doubles. (Four teams or four singles for each group needed to make it a go.)

USTA rules will govern play. NCTA point penalty system will be enforced. Matches will be the best two out of three sets. 12-point tie break will be used at 6 games all. Warm-up time is limited to 5 minutes. All practice serves must be taken before play begins. Round robin format may be used in draws of less than six entries.

All players must check in at the Tournament Desk 15 minutes prior to your scheduled match time and be ready to play. Defaults will be called 15 minutes after the scheduled time of the match. One game will be penalized after every 5 minutes of lateness.

Players may enter two events and may be required to play two matches per day for each event entered. Player classification is at the discretion of the Tournament Committee.

All entries must be received by
FRIDAY, AUGUST 30, 2013

Some events may close early if draw limit is reached prior to the deadline.

MUST BE 18 YEARS OR OLDER

Fees must accompany each application. All doubles information must be completed and total doubles fee included. Incomplete entries will not be accepted. **PLAYERS ARE RESPONSIBLE FOR VERIFYING THEIR OWN STARTING TIMES.**

TOURNAMENT COMMITTEE

Tournament Directors:

Dennis McDaniels

Alex Pryshchepa

ENTRY APPLICATION

FEES: SINGLES: \$25 per person

DOUBLES: \$40 per team

Please make checks payable to ARPD and send entries and payment to: ARPD, 2226 Santa Clara Avenue, Alameda, CA 94501 by FRIDAY, AUGUST 30, 2013





100th Annual City of Alameda TENNIS TOURNAMENT ENTRY FORM

In Person or Mail: **ARPD Office**
2226 Santa Clara Ave, Alameda, CA 94501
Phone: (510) 747-PLAY
ENTRY DEADLINE: FRIDAY, AUGUST 30, 2013

- 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 doubles fee 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 fee will be placed on your account.

PLAYER INFORMATION:

Last Name _____ First Name _____ Male Female
 Address _____ City _____ Zip _____
 Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____
 Email Address _____

DOUBLES PARTNER	MIXED PARTNER
Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Phone (_____) _____	Phone (_____) _____

CLASS DIVISIONS – September 6, 7 & 8, 2013				
Please circle the events you wish to enter (Maximum of two events)				
SINGLES \$25 PER PERSON	DOUBLES \$40 PER TEAM		DOUBLES \$40 PER TEAM	DOUBLES \$40 PER TEAM
MENS 5.0+	MENS 5.0+	WOMENS 5.0+	MENS SENIORS (55+)	MIXED 7.0 (Combined NTRPS)
MENS 4.0-4.5	MENS 4.0-4.5	WOMENS 4.0-4.5	MENS SUPER SENIORS (65+)	
MENS 3.5 & BELOW	MENS 3.5 & BELOW	WOMENS 3.5 & BELOW	WOMENS SENIORS (55+)	
WOMENS 3.5 & BELOW			WOMENS SUPER SENIORS (65+)	
TOTAL FEES DUE:				\$ _____

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 representatives, 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 the 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 or program transportation thereon.

PHOTO CONSENT: Undersigned authorizes 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 _____

Check (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 costs listed above.