

Ocean City Recreation & Parks Hosts for the First Time...

Ocean City Pickleball Open



Compete in the fastest growing sport in America right here at
Northside Park's Recreation Complex in Ocean City, MD.

Ocean City is pleased to announce our first Pickleball tournament. We
offer a variety of divisions to play, and double elimination rounds.

WHO: Men, Women and Mixed Doubles

DIVISIONS: 50+

60+

DATE: May 14 – 15

DAYS: Saturday – Sunday

TIME: 9 a.m.

LOCALE: Northside Park Recreation Complex, 125th
Street, Bayside

PRICE: \$35 registration fee per person

\$10 per additional division

Registration Deadline is April 25.

Registration form is on the reverse side. Must indicate USPSA skill level.

For more information visit our website at

<http://oceancitymd.gov/oc/departments/recreation-parks/>

or call/email Kim Allison at 410- 520-5162/kallison@oceancitymd.gov.

Get Active. Be Healthy. Have Fun!
Ocean City Recreation & Parks

**OCEAN CITY RECREATION AND PARKS
2016 PICKLEBALL OPEN**

Last Name _____ First Name _____ MI _____
Address _____
City, State, Zip: _____
Phone # _____ Cell Phone # _____
Email: _____
D.O.B. _____ Sex (M or F) _____ USAPA Skill Level: _____

Doubles Men's or Women's (fill out info below)

Non-Mixed Partner Name _____
Address _____
City, State, Zip: _____
Phone # _____ Cell Phone # _____
Email: _____
D.O.B. _____ Sex (M or F) _____ USAPA Skill Level: _____

Doubles: Mixed (fill out info below)

Mixed Partner Name _____
Address _____
City, State, Zip: _____
Phone # _____ Cell Phone # _____
Email: _____
D.O.B. _____ Sex (M or F) _____ USAPA Skill Level: _____

CIRCLE AGE CATEGORY

50+ 60+

CIRCLE DIVISION

Men's Doubles Women's Doubles Mixed Doubles

WAIVER STATEMENT (MUST BE SIGNED & MUST BE 18 YEARS OR OLDER)

I do for myself, my heirs, and assigns, waive and release any and all claims to damage against the Town of Ocean City Recreation and Parks Department and its agents or authorized representative(s) conducting the above listed program(s) as a result of any and all injuries incurred by the above listed participant(s) from, or while participating in said program(s). *Participants may at some time be photographed for publicity purposes.

Please Note: Due to the strenuous nature of some activities, the participant is urged to consult his or her physician concerning fitness to participate. All activities present certain inherent risks and hazards which the participant is urged to consider and which the participant assumes.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ENTRY FEE \$35 for one event, \$10 additional event.
Register in Person at Ocean City Recreation, 200 125th Street
Ocean City, MD. 21842
Mail Entries with full payment (Checks made out to Town of Ocean City)
Ocean City Recreation and Parks
ATTN: Pickleball
200 125th Street
Ocean City, MD. 21842