Alameda Recreation and Park Department
2226 Santa Clara Avenue, Alameda, CA 94501
Ph: 510.747.7529 • Fx: 510.523.4071
tennistournament@alamedaca.gov
https://www.alamedaca.gov/Departments/Recreation-Parks/Tennis-Tournament

Entries Close: Friday, August 23, 2019

2019 Tournament Times: September 6, 7 & 8
May extend to September 14 & 15
6:00 pm - 9:00 pm, Friday (Mainly Juniors)
8:00 am - 8:00 pm, Saturday
8:00 am - 6:00 pm, Sunday

2019 TENNIS TOURNAMENT ENTRY FORM - SEPT. 6, 7 & 8

- Fill out a separate entry form for each draw you wish to enter - Limit 2 events.
- All doubles information must be completed and all total fees included.
- Late entries/Withdrawals can be made by phone or in person with a **$15 processing fee**.
- Full payment is due at the time of registration.
- Checks payable to ARPD.Credit cards accepted.
- Incomplete entries will not be accepted.

Please mark the division you are participating in: (Draws may be closed early, cancelled or combined pending turnouts.)

SINGLES: $35

- **Men** ☐ 5.0 / ☐ 4.5 / ☐ 4.0 / ☐ 3.5 / ☐ 3.0
- **Women** ☐ 5.0 / ☐ 4.5 / ☐ 4.0 / ☐ 3.5 / ☐ 3.0

DOUBLES: $60

- **Men** ☐ 5.0 / ☐ 4.5 / ☐ 4.0 / ☐ 3.5 / ☐ 3.0
- **Women** ☐ 5.0 / ☐ 4.5 / ☐ 4.0 / ☐ 3.5 / ☐ 3.0

MIXED DOUBLES: $60

- Mixed ☐ 6.0
- Mixed ☐ 7.0
- Mixed ☐ 8.0
- Mixed ☐ 9.0
- Mixed ☐ 10.0

JUNIORS SINGLES: $25

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

JUNIORS DOUBLES: $40

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

EXTRA SPORT T-SHIRT: $30 ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

TOTAL FEES DUE: $

PLAYER INFORMATION:

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Medical Info/Allergies _____

Primary Ph ( ) _____ Secondary Ph ( ) _____

Mobile/Cell ( ) _____ Carrier _____ Text Alerts? ☐ YES ☐ NO

Email _____ Free T-Shirt: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

DOUBLES/MIXED PARTNER INFORMATION:

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Medical Info/Allergies _____

Primary Ph ( ) _____ Secondary Ph ( ) _____

Mobile/Cell ( ) _____ Carrier _____ Text Alerts? ☐ YES ☐ NO

Email _____ Free T-Shirt: ☐ XS ☐ S ☐ M ☐ L ☐ 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.

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

Payment Information: ☐ Discover / ☐ Visa / ☐ MasterCard / ☐ Amex / ☐ Check (Payable to ARPD)

Credit Card # _____ CCV # _____

Name on Card _____ Exp. Date _____

Address on Card _____ Signature _____

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