

# The Foot Solutions Greenville County Smash Presented by Humana

Pickleball Tournament

**THURSDAY-SATURDAY, April 20-22, 2023**

*Rain date - Sunday, April 23, 2023*

Southside Park | 417 Baldwin Road | Simpsonville, SC 29680



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt Size: SM MED LG XL 2XL 3XL

Emergency Contact: \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_

Other accommodations needed?: \_\_\_\_\_ Require a wheelchair? (Y/N): \_\_\_\_\_

*Size 14" to 30" chairs available in 2" increments*

Partner's First + Last Name: \_\_\_\_\_

Partner's Email: \_\_\_\_\_ Partner's Phone: \_\_\_\_\_

Registrants are required to list a partner at time of registration. We do not accept registrations without a partner listed. Both partners must pay the registration fee before a team is added to the tournament schedule. Failure to register at the same time as your partner will result in the original partner being placed on the waitlist until their partner registers. If you are registering for the Mixed Unified or Open Adaptive divisions and do not have a partner, email Sandy Halkett at [sandyhalkett@yahoo.com](mailto:sandyhalkett@yahoo.com) with your name, age & division of interest to help connect you with a partner.

Select all that apply for the division(s) you wish to register (max 1 division per day)

## THURSDAY April 20<sup>th</sup>

EVENT:	<input checked="" type="checkbox"/>	<b>Mixed Unified Doubles</b> *1 player with a disability, 1 able-bodied player, 1 female & 1 male, any age combination	SKILL LEVEL:	<input checked="" type="checkbox"/>	2.5-3.0
					3.5+

**For all divisions:** teams must play in the division of the highest skill level of the two players.

**For Mixed, Women's & Men's divisions:** teams must play in the age division of the youngest partner. Players must register for an age group based on their age as of December 31, 2023.

## FRIDAY April 21<sup>st</sup>

EVENT:	<input checked="" type="checkbox"/>	<b>Mixed Doubles</b> *1 female player, 1 male player	SKILL LEVEL:	<input checked="" type="checkbox"/>	2.5-3.0	AGE DIVISION:	<input checked="" type="checkbox"/>	18+
		<b>Open Adaptive Doubles</b> *2 players with disabilities, any gender or age combination			3.5			50+
					4.0			65+
					4.5+			

## SATURDAY April 22<sup>nd</sup>

EVENT:	<input checked="" type="checkbox"/>	<b>Women's Doubles</b> *2 female players	SKILL LEVEL:	<input checked="" type="checkbox"/>	2.5-3.0	AGE DIVISION:	<input checked="" type="checkbox"/>	18+
		<b>Men's Doubles</b> *2 male players			3.5			50+
					4.0			65+
					4.5+			

**Payment:**

One Division: \_\_\_\_\_ \$45.00

Additional Divisions = \_\_\_ divisions x \$10 = \_\_\_\_\_

Total: \$ \_\_\_\_\_

Complete the entry form, credit card form, & waiver. Then mail to:

Foot Solutions Greenville County Smash Presented by Humana | 4806 Old Spartanburg Road | Taylors, SC 29687 | ATTN: Jeff Poole

Registration runs from January 30-March 31, 2023. Registration closes once the daily capacity has been reached or on March 31, whichever comes first. Players can sign up for one division each day. Barring injury, sickness, or other unforeseen emergency circumstance, changes to a team's registration will not be accepted beyond March 31. After this time, a substitute partner must be declared to tournament staff for the team to remain in the tournament; failure to do so will result in the team being dropped from the schedule & forfeits awarded to opposing teams. If you registered for 1 division and need to cancel or are registered for 2+ divisions and need to cancel all registered divisions prior to March 31, a refund will be issued minus a \$15 administrative fee. Refunds will not be issued if a) you are registered for 2+ divisions and are cancelling 1 division, b) changes are made to a team's registration after March 31, c) registrant no-shows for rescheduled matches on the makeup date, or d) there is inclement weather and, as a result, the tournament is cancelled.

If you would like assistance, contact Jeff Poole at 864-467-3320 or by email [jpoole@greenvillecounty.org](mailto:jpoole@greenvillecounty.org). Register online at [www.greenvillerec.com](http://www.greenvillerec.com).



Office Use Only	
Date:	_____
By:	_____

**For security and protection of your financial information  
RETURN BY US MAIL OR HAND DELIVER ONLY**

Foot Solutions Greenville County Smash Presented by Humana | 4806 Old Spartanburg Road | Taylors, SC 29687 | ATTN: Jeff Poole  
(864) 288-6470

**Credit/Debit Card Payment Authorization Form**

**Customer Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address \_\_\_\_\_

**Payment Information**

*I authorize Greenville County Parks, Recreation, & Tourism to automatically charge my credit/debit card on file for fees incurred at time of registration. I agree that I will pay for these charges in accordance with the issuing bank cardholder's agreement.*

Cardholder's Signature

Date:

\_\_\_\_\_

\_\_\_\_\_

**Credit Card Information**

**\*Please print.\***

Cardholder's Name:

Credit Card Billing Zip Code (required)

\_\_\_\_\_ (as it appears on the credit card)

\_\_\_\_\_ (from credit card billing address)

-----  
*Destroyed After System Entry*

Credit card number:

Expires:

CVV Code:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY (TO INCLUDE  
CORONAVIRUS/COVID 19) RELEASE FORM**

**PROGRAMMING ACTIVITIES – PLEASE READ CAREFULLY**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The County of Greenville, acting through its Department of Parks, Recreation & Tourism (“GCPRT”) has put in place preventative measures to reduce the spread of COVID-19; however, the County of Greenville, acting through GCPRT, cannot guarantee that you will not become infected with COVID-19. Further, attending GCPRT programming activities could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending GCPRT programming activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to, GCPRT employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance and/or participation in GCPRT programming activities (“Claims”).

This is to certify that I have read and understand the provisions of this Assumption of Risk and Waiver of Liability (To Include Coronavirus/COVID 19) Release including the risks of the activity and my responsibilities for adhering to the rules and regulations. Furthermore, I understand and accept these risks and responsibilities. I release and agree to indemnify and hold harmless the County of Greenville, GCPRT, their officers, directors, instructors, agents, employees, representatives, and volunteers from any and all liabilities incident to my involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**PHOTO RELEASE**

Furthermore, I give my permission to have photos and/or video recordings taken of me for publicity purposes during GCPRT programming activities. I hereby grant and convey unto the County of Greenville and GCPRT all rights, title and interest in any and all photographic images and video or audio recordings made by the County of Greenville and GCPRT during my participation in GCPRT programming activities.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have entered into this document on the basis of my own information and not in reliance upon representations of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives.

I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this document exist.

I further agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable.

**I have read and understood this document and I agree to be bound by its terms.**

Participant’s Signature: \_\_\_\_\_

Participant’s Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Program Activity: \_\_\_\_\_

Program Activity Location: \_\_\_\_\_