

# Foot Solutions Greenville County Smash

## Presented by Humana & Pelham Medical Center

Pickleball Tournament

**THURSDAY-SUNDAY -- APRIL 25-28, 2024**

*\*No Rain Date\**

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 in 2" increments

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

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

Select the division(s) you are registering for (max 1 division per day):

### THURSDAY April 25<sup>th</sup> – 3-7pm

EVENT:	<input checked="" type="checkbox"/> <b>Mixed Unified Doubles</b> 1 player with a disability, 1 able-bodied player. Any gender or age (18+) combination. Emphasis is on meaningful involvement (learn more <a href="#">HERE</a> ).	SKILL LEVEL:	<input checked="" type="checkbox"/> 2.5-3.0
			<input type="checkbox"/> 3.5+

### FRIDAY April 26<sup>th</sup> – 8:30am-9:30pm

EVENT:	<input checked="" type="checkbox"/> <b>Women's Doubles</b> 2 female players.	SKILL LEVEL:	<input checked="" type="checkbox"/> 2.5-3.0
			<input type="checkbox"/> 3.5
			<input type="checkbox"/> 4.0
		AGE DIVISION:	<input type="checkbox"/> 4.5+
			<input type="checkbox"/> 18+
			<input type="checkbox"/> 50+
<input type="checkbox"/> 60+			

**For all divisions:** Teams must play in the skill division of the higher rated partner. Unsure of your skills rating? Refer to the [Pickleball Level Self-Assessment Sheet](#). Or, ask your local USAPA ambassador for an assessment of your skill level. If you are rated with [DUPR](#) or [UTPR](#), register using your current rating. **Tournament staff will not rate 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, 2024.

## SATURDAY April 27<sup>th</sup> – 8:30am-9:30pm

EVENT:	Mixed Doubles 1 female player, 1 male player.	SKILL LEVEL:	2.5-3.0	AGE DIVISION:	18+
			3.5		50+
			4.0		60+
			4.5+		

## SUNDAY April 28<sup>th</sup> – 8:30am-9:30pm

EVENT:	Men's Doubles 2 male players.	SKILL LEVEL:	2.5-3.0	AGE DIVISION:	18+
			3.5		50+
			4.0		60+
			4.5+		

### Payment:

First Division = \$49 x \_\_\_\_\_ = \$ \_\_\_\_\_

Additional Divisions = \_\_\_\_\_ divisions x \$14 = \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Office Use Only			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date: _____			
By: _____			

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

**Foot Solutions Greenville County Smash | 4806 Old Spartanburg Road | Taylors, SC 29687 | ATTN: Steve Croucher**  
 If you would like assistance, contact Steve Croucher at 864-467-3324 or by email [croucher@greenvillecounty.org](mailto:croucher@greenvillecounty.org). Register online at [www.greenvillerec.com](http://www.greenvillerec.com).

Registration runs from February 2 thru March 29, 2024. Registration closes once the daily capacity has been reached or on March 29, whichever comes first. Players are eligible to register for one tournament division each day.

**PARTNERS:** Registrants are required to list a partner at time of registration. 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 first registrant being placed on the waitlist until their partner registers. If you are registering for a Mixed Unified division and do not have a partner, email [adaptivepickleball@gmail.com](mailto:adaptivepickleball@gmail.com) with your name & division of interest to help connect you with a partner.

**CANCELLATIONS:** If an athlete cancels any of their registered divisions *prior* to March 29<sup>th</sup>, a refund will be issued minus a \$15 administrative fee. No refunds will be issued *after* the March 29<sup>th</sup> change & cancellation deadline. Refunds will not be issued if a) you are registered for 2+ divisions and are cancelling 1 division *prior* to March 29<sup>th</sup>, b) changes are made to a player's registration *after* March 29<sup>th</sup> that are outside of injury, sickness, or other unforeseen emergency circumstance, or c) there is inclement weather and, as a result, a player's division is unable to be played.

**SUBSTITUTIONS:** After March 29<sup>th</sup>, a substitute partner must be declared to tournament staff for the team to remain in the tournament. The substitute partner must be of the same skill level & age division as the person they are replacing. Failure to do so may result in the team being dropped from the schedule & wins by forfeit awarded to opposing teams. After March 29<sup>th</sup>, substitute partners will assume the registration fee paid by the original partner. Substitute partners must commit to replacing the original partner for 100% of all scheduled games. A second substitute partner is not permitted once the team's first round robin game has begun.

On Thursday, April 25<sup>th</sup> from 1-3pm, a free clinic with skills training will be offered for athletes with disabilities led by specialized coaches & licensed therapists from Adaptive Pickleball and Roger C. Peace Rehabilitation Hospital (separate registration required). Email [adaptivepickleball@gmail.com](mailto:adaptivepickleball@gmail.com) to register.

On Thursday, April 25<sup>th</sup> from 6-8pm, the Play It Forward volunteer group will be on-site offering free coaching for anyone who is new to the game of pickleball during the FREE Community & Family Night. Demo paddles will be provided for those who do not have their own equipment.

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

Foot Solutions Greenville County Smash | 4806 Old Spartanburg Road | Taylors, SC 29687 | ATTN: Steve Croucher  
(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: \_\_\_\_\_