

# KIDS

## pickleball TOURNAMENT



SATURDAY  
**MARCH 21, 2026**

5<sup>TH</sup>-8<sup>TH</sup> GRADE 8AM-12PM  
 9<sup>TH</sup>-12<sup>TH</sup> GRADE 12PM-4PM  
 NORTH WEBSTER COMMUNITY CENTER  
 301 N. MAIN ST., NORTH WEBSTER

**DOUBLES TOURNAMENT | EACH TEAM IS GUARANTEED 4 GAMES | YOU MUST REGISTER WITH A TEAMMATE | DEADLINE FOR ENTRY TO BE GUARANTEED CORRECT SIZE T-SHIRT IS FEBRUARY 20, 2026 | DEADLINE TO ENTER FOR PLAY IS MARCH 13, 2026**

**ENTRY FEE: \$20 PER PLAYER**



**KIDS! TO PARTICIPATE IN THE TOURNAMENT, YOU MUST KNOW 1) HOW TO KEEP SCORE AND 2) KNOW THE RULES OF THE GAME!**

**MARK YOUR DIVISION:**

- 5<sup>TH</sup>-8<sup>TH</sup> GRADE (12 TEAM LIMIT)
- 9<sup>TH</sup>-12<sup>TH</sup> GRADE (12 TEAM LIMIT)

TEAM MEMBER #1 : \_\_\_\_\_

TEAM MEMBER #1 : \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

T-SHIRT SIZE(YS-AL): \_\_\_\_\_

T-SHIRT SIZE(YS-AL): \_\_\_\_\_

WAIVER RELEASE: IN CONSIDERATION OF THE NORTH WEBSTER COMMUNITY CENTER (NWCC), ALLOWING ME OR MY CHILD TO PARTICIPATE INCLUDING PARTICIPATION IN THE PICKLEBALL TOURNAMENT, I/WE DO HEREBY RELEASE AND DISCHARGE NWCC, THEIR BOARDS OF DIRECTORS, THEIR ADMINISTRATIONS, THEIR AGENTS, REPRESENTATIVES, AND EMPLOYEES THEREOF, FROM ANY AND ALL CLAIMS, DEMANDS AND CAUSES OF ACTION WHICH MAY ACCRUE TO US/ME, AS A CONSEQUENCE OF, AND RESULTING FROM UNDERTAKING SUCH ACTIVITY, INCLUDING PERSONAL INJURY OR PROPERTY DAMAGE WHICH MY CHILD MAY SUSTAIN IN THE COURSE OF SUCH ACTIVITY PARTICIPATION. I/WE ACKNOWLEDGE THAT THIS ACTIVITY IS BEING PROVIDED AS A BENEFIT TO ME OR MY CHILD AND NOT FOR THE BENEFIT OF NWCC. I UNDERSTAND THAT NWCC WILL ASSUME NO RESPONSIBILITY FOR DAMAGE, ACCIDENTS, INJURIES, OR MEDICAL INJURIES (INCLUDING, BUT NOT LIMITED TO; BROKEN BONES, TORN LIGAMENTS OR TENDONS, BACK INJURY, OR SOFT TISSUE INJURY) AND/OR DENTAL INJURIES/EXPENSES INCURRED AS A RESULT OF MY OR MY CHILD'S PARTICIPATION IN THIS ACTIVITY. I/WE ASSUME ALL RESPONSIBILITY FOR ANY DAMAGE THAT I OR MY CHILD MAY CAUSE TO THEMSELVES, OTHERS, AND/OR PROPERTY WHILE PARTICIPATING IN THE ACTIVITY. I/WE RELEASE AND WAIVE, AND FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, AND REIMBURSE THE BOARDS OF DIRECTORS, THE INDIVIDUAL MEMBERS, AGENTS, EMPLOYEES AND REPRESENTATIVES THEREOF, FROM AND AGAINST, ANY CLAIM WHICH I/WE, OR ANY OTHER PERSONS, FIRM OR CORPORATION MAY HAVE TO CLAIM TO HAVE, KNOWN OR UNKNOWN, DIRECTLY OR INDIRECTLY, FOR ANY LOSSES, DAMAGES OR INJURIES ARISING OUT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY OR THE RENDERING OF EMERGENCY MEDICAL PROCEDURES OR TREATMENT, IF ANY.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**GUARDIAN PHONE NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

SEND FULL PAYMENT AND REGISTRATION FORM  
 TO: NWCC, PO BOX 379, NORTH WEBSTER, IN 46555  
 PAY WITH CREDIT CARD BY CALLING 574-834-1600

