

Town of Islip
Parks, Recreation & Cultural Affairs
and the Suffolk County Tennis & Education Foundation

PICKLEBALL TOURNAMENT

2024 SPRING DOUBLES

Broadway Avenue Park or Casamento Park
Location to be determined by tournament start date

| Level | Day | Date | Time | Activity# |
|-------------------------------|----------|--------|--------------|-----------|
| Mens 3.5-4.0 | Saturday | May 18 | 8 am - 12 pm | 401200A |
| Gender Blind (Beg.-Adv. Beg.) | Saturday | May 18 | 8 am - 12 pm | 401200B |
| Mixed 3.5-4.0 | Saturday | May 18 | 1 pm - 5 pm | 401200C |
| Mixed 4.0+ | Saturday | May 18 | 1 pm - 5 pm | 401200D |
| Mens 4.5 | Sunday | May 19 | 8 am - 12 pm | 401200E |
| Womens 3.5-4.0 | Sunday | May 19 | 8 am - 12 pm | 401200F |
| Mens 4.0 | Sunday | May 19 | 1 pm - 5 pm | 401200G |

*Rain date: July 13 and 14

Teams may register for more than one event.

Balls are provided. Players must bring own personal equipment.

MAIL-IN REGISTRATION ONLY: Complete the registration form on the reverse side and mail with payment to: Brookwood Hall Sports Office, 50 Irish Lane, East Islip, NY 11730. We accept Visa/Mastercard or checks made payable to: Town of Islip.



18 and older
\$40 Resident, \$50 Non-resident / per player
Players must register as a Doubles Team
Registration is not final until payment is made



Sign up Here <https://bit.ly/TOIPB>
Pay tournament fee at Town of Islip Sports Office
(631) 224-5403 • www.islipny.gov
www.Trypickleball.org

Angie M. Carpenter, Supervisor

TOWN BOARD

James P. O'Connor • Jorge Guadrón • John M. Lorenzo • Michael McElwee, Jr.
Linda D. Vavricka, Town Clerk • Andy Wittman, Receiver of Taxes
Thomas S. Owens, Commissioner, Parks, Recreation & Cultural Affairs



Town of Islip Department of Parks, Recreation & Cultural Affairs
Program/Camp Registration Form

Angie M. Carpenter, Supervisor
 Thomas Owens, Commissioner

Be sure to check your program information before registering.

ONE PARTICIPANT PER REGISTRATION FORM – YOU CAN MAKE PHOTOCOPIES FOR ADDITIONAL CHILDREN/ PROGRAMS

Adult/Parent's Name _____ Date _____ Email _____ Please check box for e-Alerts

Address No. _____ Street _____ Town _____ Zip _____

Home Phone _____ Parent # 1 Cell Phone _____ Emergency Phone _____

Work Phone _____ Parent # 2 Cell Phone _____ Emergency Name _____

| Participant's Name | Gender | Age | Date of Birth | Program | Activity # | Session Letter Choice | | | | Location/Site | Time | Fee | |
|--------------------|--------|-----|---------------|---------|------------|-----------------------|-----|-----|-----|---------------|------|-----|--|
| | | | | | | 1st | 2nd | 3rd | 4th | | | | |
| | | | | | | | | | | | | | |

Participant's Grade as of Jan. 2022: _____ You must enclose a copy of the most updated progress report ONLY when registering for a grade specific program.

Medical information (medication, allergies, etc.) _____

Immunization Records attached (required for Camp Registration only)

Birth Certificate on file? Yes No (if not please enclose a copy, only applies if the registrant is under 18 years of age)

Current Recreation Card Number _____ Expiration Date _____

Method of Payment Cash Check Credit Card (3% service fee to be applied to all credit card charges) Total Amount \$ _____

Mastercard/VISA Account No. _____ Exp. Date _____ 3-Digit Security Code: _____ Billing Zip Code _____

MAIL TO: TOWN OF ISLIP, 50 IRISH LANE, EAST ISLIP, NY 11730

WAIVER & PERMISSION SLIP - Please date and sign below

In consideration of being permitted to participate in Town of Islip program the undersigned, for myself, successors, heirs and assigns agree that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistant and volunteers, or designated appointees or contract vendors may take a photograph image or video graph image of myself/children and publish or print said images in any format whatsoever including publication on the internet, the Town of Islip website or any other form of media, including print media without compensation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media set forth above. I further hereby give permission for the above registered child/children to accompany the Recreation Department on the local trips. I understand that in case of inclement weather some outdoor trips may be canceled. I will have my child/children abide by the rules and policies of the Town of Islip. My consent is given with the understanding that the group will be escorted by recreation staff. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. This Program/Camp may be canceled at any time, without cause at the discretion of the Commissioner of the Department of Parks, Recreation and Cultural Affairs. I authorize any child to carry and use over the counter FDA approved sunscreen products and understand they will apply it themselves. In consideration of being permitted to participate in Town of Islip program, the undersigned, for myself, successors, heirs and assigns releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointees or contract vendors, from all losses, claims, damages, suits, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death, and damages to property whether real or personal, and from all losses, claims, damages, suits, actions or judgments recovered and from all e2023 incurred in defending said claims or suits, including reasonable attorney's fees, costs and disbursements.

Signature of *Parent/*Guardian/Registrar _____ Date _____

(*Signature of parent/guardian is required if registrant is under 18 years of age)

Updated 11/21