

FRONTIER DAYS KIDS PICKLEBALL REGISTRATION

Saturday, July 6, 2024, Noon – 3:00 pm - ENTRY DEADLINE TUESDAY, JULY 2

2-PLAYER TEAM (8-17 YEARS OLD)

Team Name: _____

Parent's Contact Name: _____ Phone: _____

In consideration of my registration being accepted in the Frontier Days Pickleball Tournament, I, intending to be legally bound, do hereby, for myself, my heirs, my executors and assigns, release and forever discharge any and all rights and claims for damages I may hereafter accrue to me against Frontier Days, Inc., Arlington Heights Park District, the Village of Arlington Heights, its or their respective officers, agents, representatives, volunteer organizers, volunteer staff members, successors, assigns, and sponsors for any and all damages which may be sustained and suffered by me in connection with my association with, entry, or participation in the Frontier Days, Inc. Pickleball Tournament.

Player #1 Child's name: _____

Address: _____

Parent's Phone: _____ Parent's Email: _____

Parent's signature: _____

Player #2 Child's name: _____

Address: _____

Parent's Phone: _____ Parent's Email: _____

Parent's signature: _____

Please email this completed form to cochair@frontierdays.org or drop it off at the Festival Office at Recreation Park by July 1. Questions? Call the Frontier Days' office 847-577-8572.