

CITY OF MANHATTAN BEACH

PARKS AND RECREATION



PLAYER #

SATURDAY, APRIL 10, 2010 🌣 Mira Costa High School 💠 8:00am Start
FIRST NAME LAST NAME
MAILING ADDRESS - STREET INCLUDING APARTMENT NUMBER PHONE NUMBER - - - - - - - - - -
CITY STATE ZIPCODE EMERGENCY CONTACT #
DIVISION (CHOSE ONE) MARINE LEAUGE: □ A □ B □ C □ D USTA LEAUGE: □ 4.0-5.0 □ 3.5-4.0 □ 3.0-3.5 □ 2.5 - 3.0
RELEASE OF LIABILITY AND MEDICAL CONSENT FORM In consideration of the acceptance of my entry, I, for myself, my heirs, assigned executors and administrators hereby waive, release and discharge any and all rights of claims for personal injury, death or property damage which I may have or which may hereafter accrue as a result of my participation in the above subject event. This release is intended to discharge, in advance, Pennekamp PTA, Pennekamp Elementary School, Manhattan Beach Unified School District, Pennekamp Open Tennis Committee, the City of Manhattan Beach (and their respective agents and employees) and Manhattan Beach Education Foundation, all organizers, promoters and sponsors or any individual or entities associated with the above subject event from and against any and all liability arising out of or connected in anyway with my participation in said event, even though that liability may arise out of negligence or carelessness on the part of persons, groups, or entities mentioned above. I hereby attest and verify that I have full knowledge of all risks involved in this event and am physically fit and able to participate in said event. In the event of accident, injury or illness of the above named participant, consent is hereby given to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physical and surgeon licensed under provisions of the Medical Practice Act on the Medical Staff or employment by the Director of Emergency Department of the Torrance Memorial and/or Little Company of Mary Hospital. Participation of this event is restricted to adults only and by signing below, I affirm and attest that I am over the age of 18 and have the legal capacity and right to enter into this release.
Signature Date Email Address
REGISTRATION INFORMATION BY MAIL: Complete entry form above and include entry fee. Make checks payable to: Pennekamp PTA. Payment and entry form must be received by Wednesday, March 24th. Mail to: Pennekamp Open c/o Pennekamp PTA 110 S. Rowell Avenue, Manhattan Beach, CA 90266
ONLINE: pkpta.org Download registration form and mail into Pennekamp PTA with payment
○ ENTRY FEE: \$100.00 per player. Make checks payable to: Pennekamp PTA .
Player packets will be mailed no later than April 3rd. Packets will include player's number, player's schedule of games, parking information, and detailed information of the event. Player's MUST bring their registration packets at time of check-in on April 10th.
TOURNAMENT RULES

Pennekamp Open is women's doubles style round-robin tournament. Players will register as individuals and therefore, each match, the player will have a new partner. Each match will consist of 8 games total within a 45 minute time period with no-ad scoring. Each game won will count as one point. Each player will play a minimum of four matches. The top 2 players, within each division, with the most points or the highest number of games won, is the winner. Players will be responsible for their own score cards, provided by the tournament. There must be a minimum of 12 players per division. If not enough players register in any one division, the committee of the Pennekamp Open reserves the right to move registered players into another division. Players must be available for a minimum of six hours during the day of the tournament and must play for the entire length of the tournament. For more information, click on PKPTA.org.

