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FOR HEALTHY LIVING
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2023 Winter Wallop Pickleball Tournament Registration Form

STAUNTON-AUGUSTA FAMILY YMCA
STAUNTON AUGUSTA WAYNESBORO TENNIS ASSOCIATION

Player's Name: _____ Age: _____ M / F (Circle)

Phone Number: _____ Email: _____

Status: YMCA Member / SWAT Member / Non-member (Circle all that apply)

Category: Men's Doubles / Women's Doubles / Mixed Doubles (Circle)

Level: A (Advanced) / B (Intermediate) / C (Beginner) (Circle)

Please provide your Tournament Partner's name: _____

*Ensure that your partner is registered/will be registered to play.

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

***Please make sure to sign waiver. Players CANNOT play unless the waiver is signed (no exceptions).**

***Payments must be submitted at the time of registration (no exceptions).**

Participant Signature: _____ Date: _____