

USPA Sanctioned Tournament Entry Form

Initial

Event Name: _____

Event PAID:

Location & Date: _____

Membership PAID:

Name: _____ Tel: _____

Address: _____ E-mail: _____ @ _____

Partner's Name: _____ Shirt Size: S M L XL

You must Sign this Waiver of Liability

Upon entering events sponsored or conducted by or affiliated with The United States Paddleball Association, I agree to abide by the rules of the USPA, as currently published. I understand and appreciate that participation in a sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk and release the USPA, City of Miami Beach, City of New York, co-sponsors, event organizers and officials from any liability.

Signature: _____ Date: _____

The United States Paddleball Association, 12021 SW 131 AVE, Miami, FL 33186
To Register and Pay Online - <http://www.uspaddleballassociation.org>

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