

**City of Foster City
Parks and Recreation Department
Registration Information**



Adult Pickleball League Registration

Foster City would like to thank you for your interest in our upcoming season. Foster City's next Adult Pickleball Season will start **May 9th**. The season runs approximately 5 weeks with top 4 teams making the playoffs. Each League will max out at 6 teams. We have provided all information to make registration easier for you. Registration deadline is **May 2nd**.

League Schedule and Format

The format that will be followed is the Major League Pickleball, or MLP, format. We will be offering 3 leagues: Recreational, Low/Intermediate and Advanced. There will be 6 teams, each team consisting of 2 women and 2 men for a total of 4 people per team. Each team will play each other once in round robin format. The team round robin tiebreaker occurs if 2 or more teams in a group tie with the same number of wins. The rules that will apply will include the head-to-head record, total points differential, and the total points scored. First, second, and third place winners will be determined based on their records during the season.

How games are played by the MLP format (full details are available upon request). A match is held between 2 teams and consists of 4 games: 1 game of women's doubles (WDS), 1 game of men's doubles (MDS), 2 games of mixed doubles (MX1 and MX2), and 1 game of singles (SGL, as needed), which is also known as the tiebreaker. Each doubles game (MDS, WDS, MX1, or MX2) is a game to 21 with a win by 2, and max at 25 using rally scoring (freezes to be determined). Match tiebreaker is game to 15 with a win by 2 and max at 21 using rally scoring (freezes to be determined).

Games will be played Thursday Night after 6:30 PM.

Official Team Roster must be turned in prior to the start of your team's first match. Roster must be filled out with 2 male and 2 female players.

Registration

- Submit completed Registration form and League Fees - **\$85.00 per team (\$75.00 for Foster City Pickleball Club members)**
- You can drop off your Registration in person, Monday-Friday 8 am to 8 pm at 650 Shell Blvd.

Registration Deadline

May 2nd, 2024

City of Foster City
Parks and Recreation Department
Sports Division

Please indicate the leagues you would consider your team to play in.

_____ **Recreational Play**

_____ **Low/Intermediate Play**

_____ **Advanced Play**

Team Name		Manager	
Address		Home Phone	
City	Zip	Cell Phone	
Email			

Payment (Registration will not be accepted without payment)

- Enclosed is my check for:
- \$85(Non- FCPC Member) /\$75 (FCPC Member) – Please circle correct amount.
- Checks/ Money orders are to be made payable to **“City of Foster City”**
- Please charge the total amount due (\$____) to my credit card. (2.75% processing fee)

Visa/MasterCard: _____ - _____ - _____ - _____

Exp. Date: _____ Security Code: _____

Name as it appears on card: _____

Cardholder _____

Signature: _____

I hereby request placement of the above-named team in City of Foster City 2024 Adult Pickleball League. I understand that all participants on this team will abide by all rules and regulations set by the City of Foster City Parks and Recreation Department. I realize that any falsification of roster or failure to follow league rules may result in the above-named team and its players being dropped from the activity, and forfeiture of all fees paid. I realize if my team has registered been expected in the league, and then drop out of the league I risk forfeiting fees pay.

City of Foster City
Parks and Recreation Department
Sports Division

ADULT PICKLEBALL ROSTERS & WAIVERS

TEAM NAME: _____ LEAGUE: _____

MANAGER'S NAME _____ PHONE(C) _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntary and of my own free will, I elect to participate as a member of the Pickleball team and league indicated above.
2. I understand that there are certain risks and hazards involved in participating in Pickleball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that throwing a Pickleball is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the game of Pickleball is hazardous and risky, including, but not limited to, the acts of throwing, fielding and retrieving of the ball, stretching, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the courts arranged for by the team or leagues:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated above, the field owner or other entity designated above, The City of Foster City, The USA Pickleball Association, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or United States Pickleball Association for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released.

I acknowledge that I have read and that I understand each and every one of the above provisions in this waiver, release of liability and indemnification agreement agree to abide by them; as well as certify that the above information is correct and understand that the League Director has the right to put my team in an appropriate league.

MANAGER'S SIGNATURE _____ DATE _____

READ AND COMPLETE BOTH SIDES OF THE WAIVER

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CITY OF FOSTER CITY

ROSTER FORM

	NAME	SIGNATURE	ADDRESS	CITY	ZIP	CELL PHONE
1						
2						
3						
4						

Registration Deadline

May 2nd, 2024