



**FILIPINO-AMERICAN ASSOCIATION
OF
GREATER BIRMINGHAM, INC.**

FAAGB, Inc. 2nd Annual Pickleball Tournament Registration Form

Participant Information

- Email Address: _____
- First Name: _____ Last Name: _____
- Phone Number: _____
- Age: _____ Gender: M F O
- Are you a member of FAAGB, Inc? Y N
- Would you like to be a member of FAAGB, Inc? Y N
- Describe your skill level in Pickleball:
 - Beginner Intermediate Expert/Seasonal

Registration Fee

- Amount: \$30

NOTE: REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED. This is a fundraising event. No refunds or credits will be issued for cancellations, no-shows, or event cancellations due to adverse weather or other unforeseen circumstances.

- Payment Method:
 - Venmo @faagb24
 - Zelle – Filipino Association (faagb24@gmail.com)
 - Check: Payable to FAAGB, Inc at PO Box 661071, Birmingham, AL 35266-1071
(Check must be received before May 9, 2026)
 - Cash (Must be received before May 9, 2026)

For FAAGB Use Only

- Payment Received: Yes No
- Amount: \$_____ Venmo Zelle Check Cash
- Received By: _____
- Notes: _____



**FILIPINO-AMERICAN ASSOCIATION
OF
GREATER BIRMINGHAM, INC.**

FAAGB, Inc. 2nd Annual Pickleball Tournament

Waiver and Release

I acknowledge that participation in the FAAGB, Inc. 2nd Annual Pickleball Tournament involves physical and mental limits and carries the potential risk of serious injury, death, and property loss. These risks include, but are not limited to, bodily injury from physical activities related to the event and actions of others, including participants, volunteers, spectators, coaches, event officials, monitors, and producers. Additional risks may arise from dehydration, weather, and natural conditions. I agree to hold harmless the Filipino-American Association of Greater Birmingham, Inc. (FAAGB), its officers, volunteers, and event organizers from any liability, injury, or damages that may occur during the event. I hereby assume all risks associated with participation.

I certify that I am physically fit, have sufficiently trained for participation, and have not been advised otherwise by a qualified medical person.

I understand that I may be photographed during this event or related activities. I consent to the use of my photo, video, or film likeness for any legitimate purposes by the Filipino-American Association of Greater Birmingham, Inc. (FAAGB), sponsors, event organizers, and/or assigns.

Participant's Name: _____

Participant's Signature: _____

Date: _____