

**2008 Rhode Island Open  
Skill-level Entry Form  
November 21-23, 2008**

Entry Fee:  
**\$60 for US Squash Members**  
**\$75 for non-US Squash members**

All RI Open matches will be played using PAR11 scoring (Point-a-rally to 11, win by 2)  
*Full refund for withdrawal before starting times are posted, no refund for withdrawal after that time*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ US Squash # \_\_\_\_\_

**Division (please circle one):**

**Men:**            5.5            5.0            4.5            4.0            3.5            3.0            2.5

**Women:**        5.0            4.0            3.0

**Saturday evening reception** (pizza, snacks, soft drinks; cash bar):

**I would like to reserve \_\_\_\_\_ spots. I'm including \$10 for each spot with my payment.**

Home Phone \_\_\_\_\_ Contact Number during tournament \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Shirt Size \_\_\_\_\_

Club Affiliation/Local SRA:

Release of Liability and Waiver

I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless and covenant not to sue Rhode Island Squash Racquets Association, St. George's School, the United States Squash Racquets Association, their respective administrators, directors, agents, servants, coaches, and other employees or participants in the RI Open, from any and all claims and demands of every kind and character from injury or damage to property, caused or alleged to be caused in whole or in part by my participation in, or attendance at, the Rhode Island Open held on November 21-23, 2008.

I agree to carry primary medical insurance and abide by all the tournament policies.

I have read this Release of Liability and Waiver agreement, fully understand the terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your name (printed): \_\_\_\_\_

Special Considerations (e.g., limitations on when you can play your first match):

PLEASE MAKE CHECKS PAYABLE TO: "RI Squash" and mail with this application to  
RI Squash PO BOX 2771 Providence, RI, 02906

For questions, please contact the Tournament Director, Ben Walker, at  
[riopen@risra.org](mailto:riopen@risra.org)  
401-862-4336 (cell)