USTA National Winter Championships
Player Information/Release Form

Name: _____ **Age Division:** _____

Phone Number: (____) _____ **E-Mail Address:** _____

USTA Section: _____

Emergency Contact during Tournament: _____

Name: _____ **Relationship:** _____

Phone No.: (_____) _____ **Cell No.:** (____) _____ **Work No.:** (____) _____

Hometown Newspaper: _____

Sports Editor: _____ **Sports Editor's E-Mail Address:** _____

Phone No.: (_____) _____ **Fax No.** (_____) _____

USTA RELEASE: The USTA requires a signed release covering all entrants in the USTA National Winter Championships. The release must be signed by the entrant and by a parent or guardian of any entrant who is a minor.

Acceptance of my entry in these events is without assumption or responsibility of any kind by the USTA, its sectional associates, committee or the management of any event in which I may be entered or may participate. In consideration of the acceptance of my entry, I do hereby for and on behalf of myself, and my heirs and my legal representatives release and forever discharge the USTA, its officers, committees and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to and from the events described, and all claims are hereby waived and released, and I covenant not to sue therefore.

_____ _____
Signature of Entrant Signature of Parent or Guardian

_____ _____
Date Address (Street, City, State, Zip Code)

MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid and other medical procedures that at the time of injury or illness seem reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. In consideration of the acceptance of my entry, I hereby agree to abide by all applicable rules and regulations and codes of the USTA and/or the same as may be adopted by the USTA for this USTA National Junior Championship, and hereby consent to be tested for drugs pursuant to the provisions thereof.

_____ _____
Signature of Entrant Signature of Parent or Guardian

_____ _____
Date Address (Street, City, State, Zip Code)

INTERNET RELEASE: I hereby give consent to the Tournament Committee to post my name, photograph, or biography on the tournament website at www.usta.com and www.reffkintenniscenter.com.

_____ _____
Signature of Entrant Signature of Parent or Guardian

_____ _____
Date Address (Street, City, State, Zip Code)

Please mail to:

USTA Winter Championship 12s & 14s
c/o Reffkin Tennis Center
50 S. Alvernon Way
Tucson, AZ 85711