

Standard Tournament Entry Form

Complete 1 form for each event entered. (Please make copies of this form for future use.)

NAME OF TOURNAMENT _____ TOURNAMENT DATE _____ AGE GROUP _____

PLAYER'S NAME _____ SEX _____ BIRTHDATE _____

USTA MEMBERSHIP NUMBER _____ (EXPIRATION DATE) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____ EMAIL _____

Entry Fee Enclosed _____ *I understand acceptance of my entry may require that I serve as umpire for tournament matches.*

Event(s) entered: Singles Doubles Mixed Doubles

Doubles and/or Mixed Doubles Partner (if known) _____

Tournament record enclosed for seeding information: Yes No

Are you ranked in another section? Yes No If Yes, please give details.

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FOR JUNIORS ONLY
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Please check the appropriate tournament:

FUTURES SATELLITE CHALLENGERS CHAMPIONSHIPS

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MEDICAL RELEASE: *I hereby consent to emergency medical or hospital service that may be rendered by accredited/certified medical personnel or at accredited hospitals by appointed physicians in the event such need arises in the opinion of a duly licensed physician.*

Acceptance of my entry in this tournament is without assumption of responsibility of any kind by the USTA, the USTA/Mid-Atlantic Section, the Tournament Committee, Tournament Director, or Tournament Referee. In consideration of the acceptance of my entry, I do hereby for and on behalf of myself and my heirs and legal representatives release and forever discharge the USTA, the USTA/Mid-Atlantic Section, the Tournament Committee, Tournament Director or Tournament Referee, and their successors and assigns, of and from any and all claims and demands of any kind, nature, and character which I may have or may hereafter acquire for any and all 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 or from this tournament, and all such claims are hereby waived and released, and I covenant not to sue thereof.

By signing and submitting this entry, the player and the parent or guardian whose signatures appear below, agree to abide by the Mid-Atlantic Code of Conduct, consent to the discretionary right of the Tournament Director and the Director's designees, including the Referee and Umpires, to impose sanctions on the players, including point and game penalties as well as immediate disqualification from any further play in the tournament based on the tournament-related conduct of the player, the player's immediate family or others accompanying the player, and waive any right to institute any judicial action against any person relating to the imposition of any such sanction.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND INDEMNITY AGREEMENT AND THE RULES AND REGULATIONS PUT FORTH IN THE USTA/MID-ATLANTIC SECTION YEARBOOK.

PLAYER'S SIGNATURE _____ DATE _____

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

The USTA/Mid-Atlantic Section wishes to emphasize that it is each player's responsibility to meet all submission deadlines for tournament entry or endorsement. Failures by the US Postal Service, Federal Express, etc. to deliver on time will not be considered valid excuses for missing a deadline. Therefore, players are encouraged not to wait until the last moment to submit required entries and applications, as well as to follow up to verify that required materials have been received.



USTA/Mid-Atlantic Section
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