



2013 Player Information/Release Form

Name: _____ Age Division: B _____ G _____

Home Phone: _____ Player Cell Phone: _____

USTA Section: _____ HS Grad Year: _____ E-Mail Address: _____

What is your current grade level? (circle one) Senior Junior Sophomore Freshman Other

If you have signed a Letter of Intent with a college or university, indicate which school:

Emergency Contact during Tournament:

Name: _____ Relationship: _____

Phone No.: _____ Cell No.: _____

Preferred T-Shirt Size – 100% Cotton (circle one): Small Medium Large Extra Large

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.phoenixtennis.com.

Signature of Entrant

Signature of Parent or Guardian

_____ Date

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

Please return by December 15th by fax to: (480) 951-6041