# 2014 USTA/MIDWEST SECTION
## MARIAN WOOD BAIRD CUP

## PLAYER INFORMATION

<table>
<thead>
<tr>
<th>Tournament Name:</th>
<th>USTA/Midwest Section Marian Wood Baird Cup G18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tournament Dates:</td>
<td>June 13 – 15, 2014</td>
</tr>
</tbody>
</table>
| Tournament Location: | Atkins Tennis Center/ Khan Outdoor Tennis Complex  
University of Illinois  
1410 W. St Mary’s Road  
Urbana, IL 61802 |
| Phone: | (217) 244-8562 |
| Fax: | (217) 244-5112 |
| Website: | [www.AtkinsTennisCenter.com](http://www.AtkinsTennisCenter.com)  
[www.atkinstenniscenter.blogspot.com](http://www.atkinstenniscenter.blogspot.com) |

### Housing:
All players will stay at the University of Illinois’ Florida Avenue Residence Halls (FAR). Breakfast will be served at the dorms each morning. The housing fee per player is $100 for the duration of the tournament. See the ‘Dorm and Meal Information’ section of this manual on pages 15 and 16 for more information.

### Required Documents:
Each participant must fill out a Medical Information Form found in Appendix B on pages 25 and 26, a USTA Midwest Section Release Form found in Appendix C on page 27, and a University Liability Waiver found in Appendix F on page 30. These forms must be completed and turned in at registration on Thursday, June 12, 2014. Players will not be allowed to participate unless both forms are signed and submitted.

### Player Information Form:
The tournament asks that all players complete the “Player Information Form.” Information regarding accessing the form can be found in Appendix D on page 28. This information will be used to complete an event guide that will be made available to spectators and coaches attending the event. Please complete the form online by Wednesday, June 11, 2014 to ensure your form is in the event packet.
Achievement Award: Interested graduating seniors can apply for the Marian Wood Baird Achievement Award. The $1,000 scholarship is given to the graduating senior who shows leadership skills and education/excellence in classroom off the court, and tennis accomplishments on the court, receive $1,000 scholarship. Award applications are located in Appendix G on page 31.

Tournament Format: Please review the “Entry Information and Tournament Regulations” section of this manual for player selection procedures and for tournament format. The tournament will be played on hard courts.

Registration: All players are required to check-in at FAR on Thursday, June 12, 2014 between 3:00 and 5:00 pm. Also, players must attend the Welcome Banquet on Thursday, June 12, 2014 at 6:00 p.m. CST with their District team. A team photograph will be taken prior to the banquet. Please wear your District’s match shirt to the banquet.

Tournament Schedule: Play will begin at 8:30 a.m. CST on Friday, June 13, 2014 and will conclude by approximately 5:00 pm CST on Sunday, June 15, 2014. Each District will be guaranteed four team matches (weather permitting) throughout the tournament with most Districts playing five matches. All teams will play two team matches per day. The final groupings and match times will be released in the days prior to the tournament. A schedule of match times and the Playoff Bracket can be found in Appendix H on pages 32 and 33.

Player Conduct: Please review the 2014 USTA/Midwest Section Marian Wood Baird Cup “Code of Behavior” which can be found in Appendix E on page 29. All players competing in the tournament are expected to follow the Code of Behavior while in competition, at the dorms, and in the Champaign-Urbana community. We would like to remind all players that they are not only representing themselves but also the Midwest Section and their District.
2014 USTA/MIDWEST SECTION
Marian Wood Baird Cup
Important Dates

Player Forms Due Before Check In

• Achievement Scholarship Application  Friday, June 6, 2014
• Player Information form- online  Wednesday, June 12, 2014

Tournament Check In
FAR Dorms  Thursday, June 12, 2014
3:00-5:00 p.m.

Required Forms at Check in:
• Appendix B – Medical Information Form
• Appendix C – USTA Release
• Appendix F – University Liability Waiver

Team Orientation
I Hotel  Thursday, June 12, 2014
6:00 p.m.

Team Banquet
I Hotel  Thursday, June 12, 2014
6:30 p.m.

Team Social
FAR Dorms  Saturday, June 14, 2014
8:00 p.m.
APPENDIX B – MEDICAL INFORMATION FORM

University of Illinois at Urbana-Champaign
Emergency Medical Information
2014 USTA/Midwest Section Marian Wood Baird Cup

Participant Information
Participant Name: (F)___________________________ (MI)______ (L)___________________________
USTA Section/District____________________________________________________________________
Address:____________________________ City:___________________ State:______ Zip:__________
Age:__________ Date of Birth:____/____/____ Gender:__________

Parent or Guardian Information
Parent/Guardian Name:______________________________________ Relationship:_______________
Phone (H): (________) ________-___________  Phone (W): (________) ________-____________
Address:____________________________ City:___________________ State:______ Zip:__________

Emergency Contact
Parent/Guardian Name:______________________________________ Relationship:_______________
Phone (H): (________) ________-___________  Phone (W): (________) ________-____________
Address:____________________________ City:___________________ State:______ Zip:__________

Health Information Statement
Check below any information you feel the staff may need in order to maximize the safety and well-being of the attendee. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate important information. This information is confidential.

(   ) Nervous or Mental (epilepsy, emotional stress, convulsion): ___________________________________

(   ) Lung Disease (asthma, persistent cough, tuberculosis):________________________________________

(   ) Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure:____________________

(   ) Pain in chest or Shortness of Breath (heart murmur, rheumatic fever):________________________

(   ) Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis):____

(CONTINUE TO NEXT PAGE)
( ) Arthritis, Kidney or Bladder Disease: _____________________________________________________

( ) Hay Fever or Allergies: ________________________________________________________________

( ) Impaired Sight or Hearing, Chronic Ear Infections: _________________________________________

( ) Recent Surgical Operations, Accidents or Injuries: _________________________________________

( ) Any Infectious Disease: ________________________________________________________________

( ) Skin Disease: _________________________________________________________________________

( ) Allergy to Foods: ______________________________________________________________________

( ) Diabetes: _____________________________________________________________________________

( ) Currently taking Medicines (list names and doses): _________________________________________

( ) Medication that needs refrigeration: ______________________________________________________

( ) Under on-going care of Physician (include name and phone number of physician) for chronic/recurring problem: ________________________________________________________________

( ) Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb or spinal cord injury): _____________________________________________________________________________________

Do you wear glasses? ( ) Yes ( ) No ( ) Sometimes

Do you wear contact lenses? ( ) Yes ( ) No

Date of last Tetanus Booster: ______________________________________________________________

Family Doctor and Insurance Information

Family Doctor’s Name: ________________________ Clinic/Hospital Name: ________________________

City and State: ______________________________ Phone: (______) ________-____________

Health Insurance Provider: ______________________________________________________________

Address: _______________________________ City: __________________ State: ______ Zip: ______

Name of Policy Holder: __________________________ Policy Number: ______________________

- As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care is provided. I further understand that in case of serious illness/injury, I will receive notification. However, if it is impossible to contact me, I give my permission for the emergency treatment, x-ray or surgery, as recommended by an attending physician.

- I approve the release of medical information pertinent to my child’s care from the hospital staff to the university of Illinois Sports Medicine Staff.

- I approve the release of insurance information to the health care provider (doctor, hospital of my child).

- I approve the health care provider to release information to the insurance company.

- I approve that benefits from my insurance are payable to the health care provider.

- I also understand the $1,000 maximum accident insurance in effect while at the University of Illinois does not cover pre-existing conditions, self-inflicted injuries, or illnesses. It is required that medical treatment is rendered and claims are submitted within 45 days of the conclusion of the event.

- If the benefits are paid directly to me, I will pay the health care provider.

- I verify the above information is correct to the best of my knowledge.

- My signature verifies that I approve the above statements.

Signed Parent or Guardian: __________________________ Date: __________________________

Parents/Guardians must complete and sign this form in order to finalize a player’s eligibility to compete in the 2014 USTA/Midwest Section Marian Wood Baird Cup.
APPENDIX C – 2014 USTA/MIDWEST SECTION
MARIAN WOOD BAIRD CUP
RELEASE FORM

2014 RELEASE FORM USA TENNIS HIGH PERFORMANCE PROGRAMS

The United States Tennis Association (USTA) and USTA/Midwest Section require a signed release covering all entrants in all national and sectional USTA events. A parent or guardian of any entrant who is a minor must sign the release. The release below covers the USTA/Midwest Section Training Activities.

Acceptance of my participation in the 2014 USTA/Midwest High Performance Program is without assumption of responsibility of any kind by the USTA, its Sectional Associations, Committees or the Management and Staff of any event in which I may be entered or may participate. In consideration of the acceptance of my participation in the USTA/Midwest Sectional Program, I do hereby for and/on behalf of myself and my heirs and legal/representatives release and forever discharge the USTA, USTA/Midwest, its Officers, Committees, Staff, and Representatives and their successors and assigns, of and assigns, of and from 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 and from the various Midwest Sectional Training events. All such claims are hereby waived and released and I covenant not to sue therefore.

Name of Event: USTA/Midwest Section Marian Wood Baird Cup (June 13 – 15, 2014)

__________________________________________  __________________________________________
Signature of Entrant                        Signature of Parent/Guardian

__________________________________________
Address

__________________________________________
City, State, Zip Code

__________________________________________
Phone Number

This release is to be turned in to Christine Stromberg upon check-in at the Florida Avenue Residence Halls on Thursday, June 13, 2014. Players must turn in a signed form at registration in order to compete.
APPENDIX D – PLAYER INFORMATION FORM

Player information forms must be completed online by Wednesday, June 12, 2014.

The Player Information Form can be found online at:

https://www.surveymonkey.com/s/PSB33N8

or

Tennislink Tournament ID: 850010514

If you have any questions regarding the Player Information Form, please contact Christine Stromberg at cstromb2@illinois.edu or (217) 244-3318.

Tournament organizers will compile a media guide with information on each of the players participating in the USTA/Midwest Section Marian Wood Baird Cup. This guide will be made available to all coaches and spectators who will be recruiting or cheering on players during the event. We have been informed by players and coaches from other events that this is a great opportunity for players who have begun the recruiting and college selection process to provide information to coaches.
APPENDIX E – CODE OF BEHAVIOR

2014 USTA/Midwest Section Marian Wood Baird Cup

USTA/Midwest Section Marian Wood Baird Cup team members are representatives of their Districts and the game of tennis while participating in a Sectional Tournament and Team matches designed for the experience of high level competition, training, and personal enjoyment. The highest type of sportsmanship and personal conduct is expected of each girl and any deviation from this is a reflection on her team and District.

Basic regulations include:

a. No drinking of alcoholic beverages or use of drugs
b. No smoking at the tennis courts, public places, or tournament functions while representing the team
c. While away from the tournament site, you are fully responsible to your team chaperon and team captain

The team chaperon, or in his or her absence the team captain, will be responsible for the conduct of the members of this team. Any misbehavior or violation of these basic regulations of conduct may result in individual disqualification of a team member, or disqualification of the entire team. A written report of any misconduct will be sent to the Midwest Section and the District Association concerned.

Remember, this is an event that enables us to bring together the top players in the Midwest for several days of excellent competition. It is also an opportunity to make new friends and gain more experience on the tennis court. Coaches and tournament organizers want this event to be recognized as one of the premier junior events in the country.
APPENDIX F- UNIVERSITY OF ILLINOIS LIABILITY WAIVER AGREEMENT

University of Illinois at Urbana-Champaign
Liability waiver Agreement
2014 USTA/Midwest Section Marian Wood Baird Cup

I hereby acknowledge that participation in the Marian Wood Baird Cup and related activities involves an inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into the tournament, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge the Board of Trustees of the University of Illinois, its officers, employees and agents from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage and the consequences therefore resulting from the registrant’s participation in or involvement with this clinic or presence on University property, including any failure of equipment or defect in the premises, except to the extent caused solely by the willful and wanton conduct of the University.

☐ I have read and agree to the liability terms

Participant Name: _____________________________________________________________

Parent/Guardian Name (Print): ___________________________________________________

Parent/Guardian Signature: ______________________________________________________

This release is to be turned in to Christine Stromberg upon check-in at the Florida Avenue Residence Halls on Thursday, June 13, 2014. Players must turn in a signed form at registration in order to compete.
APPENDIX G – ACHIEVEMENT AWARD
APPLICATION

Graduating Seniors:

If you are interested in the Marion Wood Baird Cup Achievement Award Scholarship, complete the form below and return to Christine Stromberg via email at cstromb2@Illinois.edu by Friday, June 6, 2014

*Criteria for selecting player includes her leadership skills and education/excellence in classroom off the court, and tennis accomplishments on the court*

Name: ______________________________________  District __________________

GPA: ________

Extracurricular activities and Achievements (include both tennis and non-tennis activities)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
APPENDIX H – TOURNAMENT SCHEDULE

Friday, June 13, 2014

<table>
<thead>
<tr>
<th>Location</th>
<th>8:00 am Match</th>
<th>1:30 pm Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khan (Courts 1-3)</td>
<td>Green 2 v Green 3</td>
<td>Blue 1 v Blue 3</td>
</tr>
<tr>
<td>Khan (Courts 4-6)</td>
<td>Green 4 v Green 5</td>
<td>Blue 2 v Blue 4</td>
</tr>
<tr>
<td>Khan (Courts 7-9)</td>
<td>Red 1 v Red 2</td>
<td>Green 3 v Green 5</td>
</tr>
<tr>
<td>Khan (Courts 10-12)</td>
<td>Red 3 v red 4</td>
<td>Green 1 v Green 4</td>
</tr>
<tr>
<td>Atkins (Courts 1-4)</td>
<td>Blue 1 v Blue 2</td>
<td>Red 1 v Red 3</td>
</tr>
<tr>
<td>Atkins (Courts 5-8)</td>
<td>Blue 3 v Blue 4</td>
<td>Red 2 v Red 4</td>
</tr>
<tr>
<td>Bye</td>
<td>Green 1</td>
<td>Green 2</td>
</tr>
</tbody>
</table>

Saturday, June 14, 2014

<table>
<thead>
<tr>
<th>Location</th>
<th>8:00 am Match</th>
<th>1:30 pm Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khan (Courts 1-3)</td>
<td>Red 2 v Red 3</td>
<td>Playoff #1</td>
</tr>
<tr>
<td>Khan (Courts 4-6)</td>
<td>Red 1 v Red 4</td>
<td>Playoff #2</td>
</tr>
<tr>
<td>Khan (Courts 7-9)</td>
<td>Blue 2 v Blue 3</td>
<td>Green 1 v Green 3</td>
</tr>
<tr>
<td>Khan (Courts 10-12)</td>
<td>Blue 1 v Blue 4</td>
<td>Green 2 v Green 5</td>
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<tr>
<td>Atkins (Courts 1-4)</td>
<td>Green 1 v Green 5</td>
<td>Playoff #3</td>
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<tr>
<td>Atkins (Courts 5-8)</td>
<td>Green 2 v Green 4</td>
<td>Playoff #4</td>
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<tr>
<td>Bye</td>
<td>Green 3</td>
<td>Green 4</td>
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Sunday, June 15, 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>8:00 am Match</th>
<th>1:30 pm Match</th>
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</thead>
<tbody>
<tr>
<td>Khan (Courts 1-3)</td>
<td>Playoff #5</td>
<td>Playoff #9 (Kahn 1-6)</td>
</tr>
<tr>
<td>Khan (Courts 4-6)</td>
<td>Green 1 v Green 2</td>
<td>Playoff #10 (Kahn 7-12)</td>
</tr>
<tr>
<td>Khan (Courts 7-9)</td>
<td>Green 3 v Green 4</td>
<td></td>
</tr>
<tr>
<td>Khan (Courts 10-12)</td>
<td>Playoff #6</td>
<td></td>
</tr>
<tr>
<td>Atkins (Courts 1-4)</td>
<td>Playoff #7</td>
<td></td>
</tr>
<tr>
<td>Atkins (Courts 5-8)</td>
<td>Playoff #8</td>
<td></td>
</tr>
<tr>
<td>Bye</td>
<td>Green 5</td>
<td></td>
</tr>
</tbody>
</table>
USTA/Midwest Section Marian Wood Baird Cup

Playoff Bracket: Flight I

Playoff Match #1
2:00 pm Sat. - Khan 1-3
Loser to Playoff Match #7

Playoff Match #5
8:00am Sun. - Khan 1-3
Loser to Playoff Match #10

Playoff Match #9
1:30pm Sun. - Khan 1-6

Marian Wood Baird Cup Champion

#1 Green Finisher

Playoff Match #7
8:00 Sun. - Atkins 1-4

Loser Playoff Match #5

Playoff Match #10
1:30pm Sun. - Khan 7-12

Marian Wood Baird Cup Third Place

#2 Green Finisher

Playoff Bracket: Flight II

Playoff Match #3
2:00 pm Sat. - Atkins 1-4
Loser to Playoff Match #6

Playoff Match #6
8:00am Sun. - Khan 10-12

Playoff Match #4
2:00 pm Sat. - Atkins 5-8
Loser to Playoff Match #6

Playoff Match #8
8:00am Sun. - Atkins 5-8
APPENDIX I – AREA MAPS

University of Illinois Campus