

USTA Jr. Team Tennis





The Coulee Region USTA Jr. Team Tennis League is back featuring two age divisions (14 & under and 18 & under) at the intermediate skill level. USTA Jr. Team Tennis is all about improving your game and gaining valuable match experience.

Format will strive to consist of 1 boys' singles, 1 boys' dubs, 1 girls' singles, 1 girls' dubs and two mixed doubles matches per week. Format will be best of three – 8 game pro sets. Players can sign up as individuals and be put on a team, or register as a complete team.

Season Dates: June 8-July 20, 2012 Seeking Parent Coaches/Reps for all teams!

Details: Day: Fridays Time: 2:00pm Start Location: UW-La Crosse Tennis Courts

Fee: \$40 per player (includes Team Dri-Fit shirt, balls, court monitors).

All players must also have a current USTA membership (\$20/year)

To join please visit <u>www.usta.com/membership</u> or call 1-800-990-USTA

Deadline: Register prior to Friday, May 18, 2012. After 5/18 a \$10 late fee will apply.

Register: Register Online (Preferred) at <u>www.couleeregiontennis.com</u>

Or Mail form to: Attn: Jr. Team Tennis, PO Box 158 Holmen, WI 54636

Championship Dates: For teams that qualify, District championships will be held:

USTA/Wisconsin District Jr. Team Tennis Championships July 27-29, 2012 at Nielsen Tennis Stadium in Madison, WI. Midwest Section Championships August 3-5 in Indianapolis, IN.

Players must compete in 3 local matches over two separate play dates to be eligible.

Team Registration: NEW in 2012! This summer players may register as a team. The team captain must complete the team form on the back of this form and submit it with full payment (can submit multiple checks), signatures and all requested roster information. Teams must have a minimum of 3 Boys and 3 Girls, with a maximum of 10 total players. If you register as a team with less than 10 players, all players will be expected to play both singles and doubles each Friday. Match format listed above.

For more information please contact:

Brad Reinhart, Local League Coordinator
Vice President, CRTA

(608) 526-6317 or reinhart.brad@gmail.com



COULEE REGION USTA JR TEAM TENNIS - INDIVIDUAL REGISTRATION FORM

Name:	G	rade:	_ School:			USTA Number:	
Address:			c	ity:		State:	Zip:
Family Phone: ()	Play	er Cell: ()		Fam	ily Email:		
Player Date of Birth:	//_						
Shirt Size (Please circle our c	hoice):	Unisex Youth:	SM N	1 L	Adult Sizes:	SM M L XL	
Player Ability/School flight/e	experience:						
Division (circle one): 14	& Under	18 & U	Inder				
(Check Box) Yes, I w	ould like to he	lp as a TEAM RE	PRESENT	ATIVE f	or my son/Daugh	ter's team!	
Name:		Phone:			Email:		

Team rep duties include assisting with schedule distribution, match day line ups, team communications

THIS FORM MUST BE FILLED OUT COMPLETELY OR REGISTRATION WILL NOT BE ACCEPTED

COULEE REGION USTA JR TEAM TENNIS - TEAM REGISTRATION FORM

NAME OF TEAM:	DIVISION ENTERED:	18& UNDER	14& UNDER		MIDWEST
FEAM MANAGER:	_ PHONE #: (HOME)	(MOBILE)			WISCONSIN
ADDRESS:	CITY:	ZIP:		EMAIL:	

Team Registration: NEW in 2012! This summer players may register as a team. The team captain must complete this form and submit it with full payment (can submit individual checks) and all requested roster information. Teams must have a minimum of 3 Bovs and 3 Girls, with a max of 10 total players, If you register as a team with less than 10 players, all players will be expected to play both singles and doubles each Friday. Match format listed on front. Full payment for each player and valid USTA numbers must be submitted to enter for local Coulee Region Jr. Team Tennis. For questions with your team registration please contact Brad Reinhart at (608) 526-6317. Mail Completed team roster for with payment and USTA numbers to PO Box 158 Holmen, WI 54636 or Register online at www.couleeregiontennis.com

PLAYER NAME Min. 3 girls, 3 Boys	Male/ Female	Date of Birth	ADDRESS	CITY	PHONE	School, Year, Flight Flight: #1 Single, #3 Doubles, JV Singles, Etc.	PARENTS SIGNATURE (Read Waiver Below)	T-SHIRT SIZE	\$40 League Fee Paid Y/N	USTA Member Number
1.	M/F	/								
2.	M/F	//								
3.	M/F	//								
4.	M/F	//								
5.	M/F	//								
6.	M/F	/								
7.	M/F	/								
8.	M/F	//								
9.	M/F	//								
10.	M/F	//								

Parent or Guardian Signature REQUIRED above for each player, or attach to this roster an individual signed registration form for that player.

I hereby understand that my son/daughter is registering to participate in the programs stated on this sheet, sponsored by the Coulee Region Tennis Association. In addition, I understand that this program, like all physical activity, has some inherent risk involved. Furthermore, my son, daughter or self is in good physical condition appropriate for the stated activity and that participants must assume full responsibility for injuries incurred while taking part in these programs. No accident insurance is provided through CRTA. A doctor's release may be required after a serious illness, injury or hospitalization, before returning to the program.



TOTAL AMOUNT

MANAGER READ CAREFULLY: As manager/representative of the above stated team. I hereby attest and witness that the above stated members of the team rosts have asso cond

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e of their own free will elected to participate in this years league sponsored by the Coulee Region Tennis Association. In addition, the above stated members of the team and all persons		
ociated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical		
dition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the league. This also involves going to	•	
leaving for home during the dates of the league. No Accident insurance is provided through the Coulee Region Tennis Association.		

