



**OTHER CONSIDERATIONS (use additional paper if necessary)**

Do you have any permanent physical or medical conditions that would affect your level of play? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Describe: ( be brief and specific – Date of injury, diagnosis, treatment, prognosis and name attending physician)	
Are you currently being treated for an injury that would affect your tennis? YES <input type="checkbox"/> NO <input type="checkbox"/>	Provide specifics:
<b>List any other information that may affect your tennis history or rating level*</b>	

***I have completed and submitted this form and state the information presented is correct. If it is determined that I have falsified or omitted any pertinent information, it may result in disqualification from USTA League Tennis play.***

<b>Office Use:</b>	
Date Received	Processed by:
NTRP Decision:	Approved at: Denied – New Level
Date Notified	
Method(circle)	e-mail <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other <input type="checkbox"/>

\_\_\_\_\_  
*Player's Signature*

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_