

Bullfrog/USTA Southern Section Junior Super Circuit Entry Form

This entry form may be printed out and used for entry into Bullfrog/USTA Southern Section Jr. Super Circuit events only. This entry form and the entry fee must be mailed to the tournament address listed.

Tournament Name: Bullfrog/USTA Southern Section Jr. Super Circuit. Entry fee: \$40.00 unless otherwise indicated.

Tournament City: _____ Tournament Dates: _____

Player's Name: _____ Date of Birth: _____

USTA #: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Home _____ Cell Phone _____

Current Standings: State _____ STA _____ USTA _____

Indicate gender and age group: Girls _____ Boys _____

Singles Age Division _____

Medical Release: I hereby consent to emergency medical and/or hospital service that may be rendered by or at accredited hospitals, by appointed physicians, in the event such need arises in the opinion of a duly licensed physician.

Waiver and Indemnity Agreement: Acceptance of my entry in these events is without responsibility of any kind by the USTA, the USTA/Southern Section, State Association, the host facilities, committees 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 legal representatives release and forever discharge the USTA, the USTA/Southern Section, State Association, the host facilities, committees and representatives and their successors and assigns, of and from any and all claims, demands, and injuries, however arising, whether caused by the negligent or intentional acts of the USTA/Southern Section and its representatives, representatives of other sponsoring entities, or by third parties, which injuries may be in any way related to my activities during the tournament and any period traveling to or from the events described, and all such claims are hereby waived and released, and I covenant not to sue therefore. The parent or guardian, by signing below, does hereby agree to indemnify and hold harmless the USTA/Southern Section and its representatives and the sponsoring entity from any liability which they may incur to the entrant, howsoever arising and whether caused by the negligent or intentional acts of the USTA/Southern Section, its representatives, or the sponsoring body. I understand that this tournament will be governed by applicable USTA rules and regulations, the rules and regulations of this tournament, the rules and procedures governing discipline of players in USTA/Southern Section sanctioned tournaments, the USTA/Southern Section code of ethics, tournament policy, and ranking regulations and agree to conduct myself accordingly. I have read and understand the foregoing medical release, waiver and indemnity agreement.

THIS TOURNAMENT IS OPEN ONLY TO CITIZENS OF THE UNITED STATES OR PLAYERS IN POSSESSION OF A VALID ALIEN REGISTRATION CARD WHO ARE DOMICILED IN THE USTA/SOUTHERN SECTION. BY SIGNING BELOW, I AND MY PARENTS ARE CERTIFYING THAT I MEET THIS REQUIREMENT.

Signature of player: _____ Date: _____

Signature of parent: _____ Date: _____