41st Annual T.I.F. Tennis Tournament



Taylor, Texas July 4-8, 2012



Junior Events July 4-5

Boys and Girls
8U Singles
10U Singles & Doubles
12U Singles & Doubles
14U Singles & Doubles
14U Mixed Doubles
16U Singles & Doubles
16U Mixed Doubles
18U Singles & Doubles

Two event limit
Trophies for 1st and 2nd place in each event
2 match guarantee
AGE DETERMINED AS OF JUNE 1
Scoring: No ad, 2 out of 3 sets, 10 point
tiebreaker for 3rd. 8U and 10U-- 8 game pro set.
PLAYING TIMES: Sunday, JULY 1, 512-585-6164

Adult Events July 7-8

Open Division MS, MD, WS, WD, MXD

Tournament Division MS, MD, WS, WD, MXD

Two event limit

Players must stay within their division in all events

Youth players wishing to play in the adult events must play in the Open Division.

Scoring: Regular, 2 out of 3 sets, 10 point tiebreaker for 3rd.

PLAYING TIMES: TUESDAY, JULY 3, 512-585-6164

Deadline: Monday, June 25th

Please hydrate 2 days prior to playing the tournament... It will be HOT!

TOURNAMENT INFORMATION

EVENTS MAY BE COMBINED IF NECESSARY. 15 minute default rule will be in effect. Check in 30 minutes prior to match time. There will be a consolation draw offered to those who lose their first round match. Match will be played to determine 3rd place winner. Please list any ranking info or titles won on your application to help with seeding. If there is someone you play often also entering the tournament please list their name so if possible you can be separated in the draw.

HOSTED BY



MAIL ENTRIES TO: MONEE MICHNA --- 360 CR 487 --- TAYLOR, TX 76574

ENTRY FORM NAME: BIRTHDATE: AGE: ADDRESS:_____CITY& ZIP:____ HOME PHONE:_____CELL PHONE:____ EMAIL ADDRESS: RANKING/USTA INFO: EMERGENCY CONTACT (NAME/PHONE):_____ EVENT 1:_____PARTNER'S NAME:_____ EVENT 2: PARTNER'S NAME: \$12.00 PER PERSON PER EVENT. AMOUNT ENCLOSED = (MAKE CHECKS PAYABLE TO TAYLOR AREA TENNIS ASSOCIATION)**\$2 per event discount for TATA members MEDICAL RELEASE: I HEREBY CONSENT TO EMERGENCY MEDICAL OR HOSPITAL SERVICES THAT MAY BE RENDERED BY OR AT ACCREDITED HOSPITALS, BY APPROVED PHYSICIANS, IN THE EVENT SUCH NEED ARISES IN THE OPINION OF A DULY LICENSED PHYSICIAN. WAIVER AND INDEMNITY AGREEMENT: ACCEPTANCE OF MY ENTRY IS WITHOUT RESPONSIBILITY OF ANY KIND BY TOURNAMENT DIRECTORS OR HIS/HER REPRESENTATIVES. I DO HEREBY FOR AND ON BEHALF OF MYSELF AND LEGAL REPRESENTATIVES RELEASE AND FOREVER DISCHARGE TOURNAMENT DIRECTORS OR HIS/HER REPRESENTATIVES, FROM ANY AND ALL CLAIMS, DEMANDS, AND INJURIES, HOWSOEVER ARISING, WHETHER CAUSED BY THE NEGLIGENT OR INTENTIONAL ACTS OR TOURNAMENT DIRECTORS OR HIS/HER REPRESENTATIVES, OR BY THIRD PARTIES, WHICH INJURIES MAY BE IN ANY WAY RELATED TO MY ACTIVITIES DURING THE TOURNAMENTAND ANY PERIOD TRAVELING TO OR FROM THE EVENTS DESCRIBED, AND ALL SUCH CLAIMS ARE HEREBY WAIVED AND RELEASED, AND I COVENAN NOT TO SUE THEREFORE. THE PARENT OR GUARDIAN, BY SIGNING BELOW DOES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS TOURNAMENT DIRECTORS OR HIS/HER REPRESENTATIVES FROM ANY LIABILITY WHICH THEY MAY INCUR TO THE ENTRANT, HOWSOEVER ARISING AND WHETHER CAUSED BY THE NEGLIGENT OR INTENTIONAL ACTS OR TOURNAMENT DIRECTORS OR HIS REPRESENTATIVES. I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND INDEMNITY AGREEMENT THIS ENTRY FORM MUST BE SIGNED ENTRANT'S SIGNATURE: ENTRANT'S SIGNATURE:

PARENT/LEGAL GUARDIAN SIGNATURE:(IF UNDER 18)_____