

2008 - Only a player should appeal his/her computer-generated rating.

Submit this form ONLY if you intend to file a Medical Appeal

NOTE: NTRP Computer Ratings are good for 3 years (2 years for those aged 60 or older during 2007)

An individual must play at their published rating or higher.

Items highlighted in RED italics may be instantly appealed on TennisLink by going to "Find A Rating" and putting in your USTA membership number.

You will immediately be notified on screen whether the appeal is granted or denied. <http://national.usta.com>

NTRP Medical Appeal Form

Reasons an appeal may be granted:

YEAR-END APPEAL

- All players, except national benchmarks, whose rating is within .05 above or below NTRP level will be granted*
- One year or older national benchmarks whose rating is within .05 above or below NTRP level (regardless of age) may be considered.*
- Any player who will be 60 years of age or older during the league year and whose rating is within .10 above or below will be granted an appeal.*
- Year old computer rating that falls within .10 above IF the next highest approved NTRP level is not available.*

EARLY START DYNAMIC APPEALS

- All of Year-End Appeals above apply
- New players (self-rated) whose rating is within .10 above or below level with 3 or fewer dynamic ratings will be granted an appeal

MEDICAL APPEAL

- Permanent disabling injury or illness occurring after year-end ratings were achieved (with supporting documentation) must be submitted to the section or their designee IN WRITING.

MIXED EXCLUSIVE APPEAL

- All of the Year-End Appeals above apply
- New player (self-rated) with 4 or fewer dynamic ratings may be granted an appeal if it falls within .20 above the level.

ELECTRONIC SELF-RATE ON TENNISLINK

- Requests to Appeal UP.*
- Request to appeal down including Early Start Leagues must complete the appeal form found when you:
 - Complete initial self-rating.
 - Put in a legitimate team # and see the appeal option.

Office Use

Date Received: _____ ☐ Fee Paid (if applicable)

Rating in 100th: _____

☐ Granted – may play at _____ NTRP level

☐ Denied – must continue at _____ NTRP level

Initial: _____ Date: _____

NTRP Medical Appeal Form

Fee: \$10 for Medical Appeals ONLY (non refundable)

Mail to: USTA Florida (Attn: Appeal Department)
1 Deuce Court, Suite 100
Daytona Beach, FL 32124

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Date of Birth: _____

☐ Male ☐ Female ☐ Right Handed / ☐ Left Handed

USTA #: _____

State NTRP level beside each Division you played.
Mark "n/a" if you did not play in a division.

_____ Adult	_____ Senior
_____ Mixed	_____ Combo
_____ Super Senior	_____ Mixed Senior

Have you Appealed a medical condition before?

If yes, Section: _____ Date: _____

Note: Medical appeal of national benchmark will be forwarded to the National League Administrator

Did you include?

- ☐ Documentation on Doctor's letterhead.
- ☐ \$10.00 processing fee

Rating as published: _____

Request rating change to: _____

Player's Signature

Date