UNITED STATES TENNIS ASSOCIATION

USTA NATIONAL JUNIOR CHAMPIONSHIPS

USTA & Medical Release

Please complete this USTA & Medical Release, sign it, have your parent or guardian sign it, and take the signed form with you to the USTA National Junior Championship you are entering. This form, signed by your parent or guardian and you, must be presented at on-site registration in order to participate in the event. Please use black ink and print clearly.

NAME:	**AGE DIVISION:** (circle one) *B18 B16 B14 B12 G18 G16 G14 G12*		
NAME OF EVENT:			
ADDRESS: *(street)*	*(city)*	*(state)*	*(zip)*
PHONE (home): ( )	**PHONE (parent office):** ( )		
SECTION:	**USTA MEMBERSHIP NO.:**		*exp.date*

USTA RELEASE: The USTA requires a signed release covering all entrants in national USTA events. The release must be signed by the entrant and parent or guardian of any entrant who is a minor.

Acceptance of my entry in these events is without assumption or responsibility of any kind by the USTA, its sectional associates, committee 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 my legal representatives release and forever discharge the USTA, its officers, committees, and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to and from the events described, and all claims are hereby waived and released, and I covenant not to sue therefor.

Signature of Entrant _____ Signature of Parent or Guardian _____

Date Street City State Zip

MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness seems reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. In consideration of the acceptance of my entry, I hereby agree to abide by all applicable rules and regulations and codes of the USTA and/or the same as may be adopted by the USTA for this USTA National Junior Championship, and hereby consent to be tested for drugs pursuant to the provisions thereof.

Signature of Entrant _____ Signature of Parent or Guardian _____

Date Street City State Zip