

Tournament Information-Saturday, Feb 13

- Headquarters:** Capital Racquet and Fitness Center
3200 N. 10th Street, Bismarck, ND 58503
- Entry Fees:** Juniors \$20 per person
Adults \$25 per person BMTA member;
\$35/person non BMTA
- Awards:** Prizes will be awarded for 1st, 2nd, and Consolation
- Participation Limit:** 1 event
- Age Requirement:** **Participants must be at least high school age or on a high school team. Parents of juniors must also sign the waiver.**
- Seeding Information:** Please provide information, such as USTA ranking and tournament results, to help us with seeding.
- Entry Deadline:** 5:30 p.m. (before Superbowl kickoff) Sunday, Feb 7, 2021.
Entries need to be in hand at the deadline.
All participants need a signed waiver before play begins.
Each player needs a separate entry form.
- Schedule of Play:** Schedule of play sheets will be posted on the web at www.bmta.usta.com by 9:00 p.m. Thursday, February 11th.
Draw sheets will be available upon check-in
- Check-in / Starting Times:** **Check-in time one half hour before players' first scheduled match.** Tournament play begins at 8:00 a.m. Refer to draws sheets for individual match times.
- Combining Divisions:** Depending on the number of registrants, it may be necessary to combine some divisions. If you do not wish to play in a combined division, please state it on the form.
- Contact Person:** For further information contact Kevin Allan, Tournament Director at 701-527.5990 or via email at kevinallan1971@gmail.com
- Tournament Sponsors:** Bismarck Parks and Rec, Capital Racquet and Fitness Center

7th Annual Flurry Fest 2021 Entry Form

Name					
Street Address		City		State	Zip Code
E-mail Address					
Home Phone		Cell Phone		Work Phone	
Doubles Partner					
Seeding Information/Comments					
Entry Fees: Adults \$25 per person BTMA member, \$35 non member Juniors \$20 per person					
Doubles					
A (4.0 & up) _____					
B (3.0-4.0) _____					
C (2.5-3.0) _____					
Amount Paid					

**Make checks payable to Bismarck/Mandan Tennis Association and send to
Kevin Allan, 1204 4th Ave. NE, Mandan, ND 58554**

Waiver and Release of Claims

I recognize and acknowledge that there are certain risks of physical injury to participants in this tournament, and I agree to assume the full risk of any such injuries, damages, or loss, regardless of severity which I or my child/ward may sustain as a result of participating in any activities associated with this tournament. I waive and relinquish all claims that I, my insurer, or my child/ward may have against the tournament and its officers, agents, servants and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in this tournament.

I acknowledge that an inherent risk of exposure to COVID 19 exists in any public place where people are present, and that COVID 19 is an extremely contagious disease that can lead to severe illness and death. I and my athlete knowingly and voluntarily assume all risks related to exposure to COVID 19, including the risk of contracting COVID 19 by participating in the tournament.

Signature

Date

Signature of Parent/Guardian

Date