

Please provide any seeding information on back of form. Due to court limitations, 2 events maximum.

MEN'S	__ Open Singles	__ Open Doubles	__ Open Mixed
WOMEN'S	__ 4.5 Singles	__ 4.5 Doubles	__ 4.5 Mixed
	__ 4.0 Singles	__ 4.0 Doubles	__ 4.0 Mixed
	__ 3.5 Singles	__ 3.5 Doubles	__ 3.5 Mixed

NAME: _____

PHONE: _____

EMAIL: _____

DOUBLES PARTNER

NAME: _____

PHONE: _____

EMAIL: _____

MEDICAL RELEASE: I hereby consent to emergency medical or hospital service that may be rendered by accredited/certified medical personnel or at accredited hospitals, by appointed physicians, in event such need arises in the opinion of a duly licensed physician. Acceptance of my entry in this tournament is without assumption of responsibility of any kind by the USTA, Mid-Atlantic Section, the Tournament Committee, Tournament Director or Tournament Referee. 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, Mid-Atlantic Section, Tournament Committee, Tournament Director or Tournament Referee and their successors and assigns, of and from any and all claims and demands of every kind, nature and character which I may have or may hereafter acquire for any and all 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 or from this tournament, and all such claims are hereby waived and released, and I covenant not to sue thereof.

By Signing and submitting this entry, the player and the parent or guardian whose signatures appear below, agree to abide by the Mid-Atlantic Code of Conduct, consent to the discretionary right of the Tournament Director and the Director's designees, including the Referee and Umpires, to impose sanctions of the player, including point and game penalties as well as immediate disqualification from any further play in the tournament based on the tournament-related conduct of the player, the player's immediate family or others accompanying the player, and waive any right to institute any judicial action against any person relating to the imposition of any such sanction.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND INDEMNITY AGREEMENT AND THE RULES AND REGULATIONS PUT FORTH IN THE MID-ATLANTIC YEARBOOK.

PLAYERS SIGNATURE _____ DATE _____ PARENT OR GUARDIAN _____

DATE: _____