USTA SOUTHERN SECTION JUNIOR TOURNAMENTS

USTA Southern Section & Medical Release

Please complete this USTA Southern Section & Medical Release, sign it, have your parent or guardian sign it, and take the signed form with you to the USTA Southern Section tournament 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 DIVIS	SION:		
NAME OF	Tournament:		
ADDRESS:			
	(str	eet) (city) (state) (zip)	
PHONE (ho		PHONE	(parent office):
SECTION:	Southern_USTAN	MEMBERSHIPNUMBER:	(exp.date)
release coverent and prevents is with sectional assemay particip myself, and Southern Second and from sustained by granted and	ring all entrants in parent or guardian hout assumption occiates, committed ate. In considerate my heirs and my action, its officers, any and all claims me in connection any period traveli	n USTA Southern Section even of any entrant who is a minor or responsibility of any kind be or the management of any entrance of the acceptance of my entry legal representatives release a committees, and representatives and damages, losses or injurt with my activities during the	Southern Section requires a signed ents. The release must be signed by the r. Acceptance of my entry in these by the USTA Southern Section, its event in which I may be entered or entry, I do hereby for and on behalf of and forever discharge the USTA eves and their successors and assigns, it is which may be suffered or experiod for which such permission is cribed, and all claims are hereby
Signature of	Entrant Signature	e of Parent or Guardian	Date
Street	City	State	Zip
medical produnderstand to consideration regulations a USTA South	cedures, which at hat I will be respondent of the acceptant and codes of the Unern Section for the	the time of injury or illness seonsible for payment of any succe of my entry, I hereby agree USTA Southern Section and/or	of emergency first aid and other sems reasonably advisable. I further the medical procedures. In to abide by all applicable rules and in the same as may be adopted by the surnament, and hereby consent to be
Signature of	Entrant Signature	e of Parent or Guardian	Date
Street	City	State	Zip