

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	Signature of Parent or Guardian		
Date	Street	City State	Zip		
at the time payment of by all appl	e of injury or illness seems rea of any such medical procedures. icable rules and regulations and	the rendering of emergency first aid and other medic asonably advisable. I further understand that I wi In consideration of the acceptance of my entry, I had codes of the USTA and/or the same as may be ado on, and hereby consent to be tested for drugs pursua	II be responsible for ereby agree to abide pted by the USTA for		
this USTA thereof.					

City

State

Zip

Date

Street