



2016

Entry, Medical & Supplemental Release Form

Name: _____

Phone: (_____) _____ E-Mail: _____

USTA Section: _____ High School Graduation Year: _____

Check the High School Year you completed by June, 2016: ☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman

Have you signed a Letter of Intent with a college or university? Which one? _____

Emergency Contact during Tournament:

Name: _____ Relationship: _____

Phone: (_____) _____ Other Phone: (cell/work/etc) (_____) _____

Hometown Newspaper: _____

Sports Editor: _____ Sports Ed E-Mail: _____

Phone: (_____) _____ Fax: (_____) _____

USTA RELEASE: The USTA requires a signed release covering all entrants in the USTA Boys' 18 & 16 National Championships. **The release must be signed by the entrant and by a 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 and 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 therefore.

Signature of Entrant

Signature of Parent or Guardian

Date: _____

Date: _____

MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid and other medical procedures that at the time of injury or illness seem 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: _____

Date: _____

PUBLICITY RELEASE: I hereby give consent to National Tennis Championships to use my name, picture likeness, and/or biographical materials for the promotion of the USTA Boys' 18 & 16 National Championships, National Tennis Championships and/or any of their programs and activities, including use on www.ustaboys.com. I hereby release and agree to hold harmless National Tennis Championships from any and all claims of any kind which I, my heirs, executors and assigns, may have on account of the use of any photographs, videos, or any other media generated as the result of my participating in the USTA Boys' 18 & 16 National Championships.

Note: There will be a web-provider removal fee if you request removal of your photograph in the future.

Signature of Entrant

Signature of Parent or Guardian

Date: _____

Date: _____

Return via: USPS to: USTA Nationals • Kalamazoo College • 1200 Academy Street • Kalamazoo, MI 49006
Scan and email to: tmiller@kzoo.edu –OR– Fax to: 269.337.7385