



USTA-LOUISIANA JUNIOR TOURNAMENTS

USTA-Louisiana Medical Release

Please complete this USTA-Louisiana Medical Release, sign it, have your parent or guardian sign it, and take the signed form with you to the USTA-Louisiana tournament you are entering. This form, signed by your parent or guardian and you, must be present at on-site registration in order to participate in the event. Please use black ink and print clearly.

NAME:	AGE DIVISION: (circle one) <i>B18 B16 B14 B12 G18 G16 G14 G12</i>			
NAME OF EVENT:				
ADDRESS: (street)		(city)	(state)	(zip)
PHONE (home):		PHONE (parent office):		
SECTION:		USTA MEMBERSHIP NUMBER: (exp date)		

RESIDENCY REQUIREMENTS:

Only players who have established a legal residency in the state of Louisiana, hold a current USTA membership card assigned to Louisiana, and are citizens of the United States or meet the resident alien requirements for a USTA National ranking are eligible to participate in any Louisiana closed tournament including Louisiana Junior qualifying. Resident alien requirements include resident aliens who have resided in the United States continuously for more than one year and are members of families of persons or the diplomatic or consular corps. In the case of a junior player, legal residency is that of the parents. Players who meet any of the following criteria may register their intent to participate in Louisiana closed tournaments and/or receive a ranking in the state of Louisiana in which their parents are legal residents; (a) juniors going to school, college outside the state where their parents reside; (b) junior who spend time with joint custody parents; (c) players who live in more than one location during the year; and (d) family members of the military

USTA-LOUISIANA RELEASE: The USTA Louisiana requires a signed release covering all entrants in USTA-Louisiana 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-Louisiana, its sectional associates, committees 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 behalf of myself, and my heirs and my legal representatives release and forever discharge the USTA-Louisiana, 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 therefore. I also acknowledge that I have read the Residency Requirements set forth above and hereby affirm that the entrant meets said requirements for closed events."

Signature of Entrant

Signature of Parent or Guardian

Date

Street

City

State

Zip

MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seems 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-Louisiana and/or the same as may be adopted by the USTA-Louisiana for this USTA-Louisiana tournament, and hereby consent to be tested for drugs pursuant to the provisions Thereof.

Signature of Entrant

Signature of Parent or Guardian

Date

Street

City

State

Zip

02/26/07