

USTA-LOUISIANA JUNIOR TOURNAMENTS <u>USTA-Louisiana Medical Release</u>

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)	B18 B16 B14	B12 G18 G16 G14 G12
NAME OF EVENT:			
ADDRESS: (street)	(city)	(sta	ate) (zip)
PHONE (home):	PHONE (parent office):		
SECTION:	USTA MEMBERSHIP NUMBE	R:	(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, a			
Signature of Entrant	Signature of Parent o	r Guardian	
Date Street MEDICAL RELEASE: I hereby consent to the time of injury or illness seems reasonal such medical procedures. In consideration and regulations and codes of the USTA-Lo USTA-Louisiana tournament, and hereby consideration and the succession of the USTA-Louisiana tournament.	oly advisable. I further understand of the acceptance of my entry, I husiana and/or the same as may be	d that I will be res nereby agree to a se adopted by the suant to the provi	sponsible for payment of an abide by all applicable rules e USTA-Louisiana for this
Date Street	City	State	Zip