

## Entry Supplement/Release Form

*USTA Boys' & Girls 12 National Spring Championships hosted by the City of Delray Beach*  
*USTA Boys' 18s & 16 National Clay Court Championships hosted by the City of Delray Beach*  
*USTA Summer Smash Regional Championships hosted by the City of Delray Beach*

Name \_\_\_\_\_ Division \_\_\_\_\_

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

USTA Section \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

Circle the High School Year you completed in June (if applicable)? Sr. Jr. Sophomore Freshman

If you have signed a Letter of Intent with a college or university, indicate which school \_\_\_\_\_

### Emergency Contact during Tournament:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Other phone \_\_\_\_\_

Hometown Newspaper \_\_\_\_\_

Sports Editor \_\_\_\_\_ Sports Editor's Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**USTA RELEASE:** The USTA requires a signed release covering all entrants in the above USTA National Championships & USTA Summer Smash Regional 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 and 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 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 Championships and USTA Summer Smash Regional Championships, 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 the USTA National Championships and USTA Summer Smash Regional Championships to use my name, picture likeness, and/or biographical materials for the promotion of either the mentioned USTA event the and/or any of their programs and activities, including use on [www.PimMarketing.com](http://www.PimMarketing.com). I hereby release and agree to hold harmless the USTA National Championships and USTA Summer Smash Regional Championships from any and all claims of any kind which I, my heirs, executors and assigns, may have or account of the use of any photos, videos, or any other media generated as a result of my participating in any of the mentioned USTA Events.

\_\_\_\_\_  
Signature of Entrant

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_

Return the completed via email to [ibaroon@YellowTennisBall.com](mailto:ibaroon@YellowTennisBall.com) OR send it via fax.  
Ivan Baron: 30 NW 1st Ave., Delray Beach, FL 33444 Fax No.: (561) 330-6001