

**Southern California Tennis Association
STANDARDIZED ENTRY BLANK**

NAME OF TOURNAMENT					DATES											
NAME					BIRTH DATE			USTA #								
ADDRESS																
CITY				STATE			ZIP									
TELEPHONE: RES. ()					BUS. ()											
I APPLY FOR ENTRY IN THE FOLLOWING EVENTS (CIRCLE EVENT AND CHECK BOXES)																
Junior Singles	18	16	14	12	10	8	Boys	<input type="checkbox"/>	Open	<input type="checkbox"/>						
Junior Doubles	18	16	14	12	10		Girls	<input type="checkbox"/>	Satellite	<input type="checkbox"/>						
Class Singles	5.5(A)	4.5(B)	3.5(C)	2.5(D)			Men	<input type="checkbox"/>	Open Singles	<input type="checkbox"/>						
							Women	<input type="checkbox"/>		Men	<input type="checkbox"/>					
							MXD	<input type="checkbox"/>		Women	<input type="checkbox"/>					
Class Doubles	5.5(A)	4.5(B)	3.5(C)	2.5(D)					Open Doubles	<input type="checkbox"/>	MXD	<input type="checkbox"/>				
Senior Singles	30	35	40	45	50	55	60	65	70	75	80	85	Men	<input type="checkbox"/>	Father/Son	<input type="checkbox"/>
Senior Doubles	30	35	40	45	50	55	60	65	70	75	80	85	Women	<input type="checkbox"/>	Mother/Daughter	<input type="checkbox"/>
Mixed Doubles	MW30	MW35	MW40	MW50	MW60	MW70							MXD	<input type="checkbox"/>		
DOUBLES PARTNER					DOUBLES PARTNER											
MIXED PARTNER					PARTNER USTA #											
PARTNER PHONE					Total Entry Fee Enclosed \$											

WAIVER OF RESPONSIBILITY

Acceptance of my entry in these events is without assumption of responsibility of any kind by the USTA, the SCTA, the host club owners, trustees or governing boards of facilities, 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 on behalf of myself and my heirs and legal representative release and forever discharge the USTA, SCTA, and host club, their officers, committees and representative and their successors and assigns, of and from any and all claims and demands of every kind, nature and character which I may have or may hereafter acquire for any and all 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 or from such event described, and all such claims are hereby waived and released and I covenant not to sue therefor. I understand that this tournament will be governed by applicable USTA rules and regulations, the rules and regulations of this tournament, the rules and procedures governing discipline of players in SCTA sanctioned tournaments, the SCTA Code of Conduct, tournament policy, and ranking regulations, and agree to conduct myself accordingly.

Each applicant must sign.

Signature of Player _____

In addition, if under 19, Signature
of Parent (or Guardian) _____