



# 2019 JUNIOR TEAM TENNIS PARTICIPANT AGREEMENT



USTA # if available \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Player Cell Phone \_\_\_\_\_  
 Age Player will be on August 5, 2019 \_\_\_\_\_

PRACTICES ARE HELD 1:30-3:00PM START THE WEEK OF JUNE 3.  
 WE MAY ADD ANOTHER PRACTICE TIME AT 3:00-4:30PM IF NEEDED.  
 MATCHES ARE HELD EVERY MONDAY FROM JUNE 10 – JULY 22.

8:00 AM 10 & UNDER AND 12 & UNDER  
 9:30 AM 14 & UNDER  
 11:00AM 18 & UNDER

PLEASE CHECK THE DATES YOU WILL BE AVAILABLE TO PLAY.

REGULAR SEASON:

\_\_\_\_ JUNE 10 \_\_\_\_ JUNE 17 \_\_\_\_ JUNE 24 \_\_\_\_ JULY 1  
 \_\_\_\_ JULY 8 \_\_\_\_ JULY 15 \_\_\_\_ JULY 22

COLORADO STATE CHAMPIONSHIPS (Teams must qualify): \_\_\_\_ AUGUST 2-4

I, \_\_\_\_\_, AM COMMITTED TO ATTENDING THE DATES CHECKED ABOVE AND WILL ADVISE THE TEAM PARENT OR COACH 72 HOURS (3 DAYS) PRIOR TO ANY CANCELLATION AND WILL ASSIST IN FINDING A SUBSTITUTE IF NEEDED.

\_\_\_\_\_  
 PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PARENT'S SIGNATURE

\_\_\_\_\_  
 DATE



**I would like to be a parent volunteer to assist with the team**

**PLEASE FILL OUT FORM and EMAIL to [annie@lewistennis.com](mailto:annie@lewistennis.com) or  
 MAIL TO: Lewis Tennis School, PO BOX 1207, Laporte, CO 80535**