



2021 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 2, 2021 _____

AGE DIVISION

10 & Under 12 & Under 14 & Under 18 & Under

PRACTICES ARE HELD 1:30-3:00PM STARTING JUNE 2 & ENDING JULY 14.
WE MAY ADD ANOTHER PRACTICE TIME AT 3:00-4:30PM IF NEEDED.
MATCHES ARE HELD EVERY MONDAY FROM JUNE 7 – JULY 19. DEPENDING ON NUMBER OF PLAYERS ON TEAM YOU MAY NOT PLAY EVERY MONDAY MATCH.

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

PLEASE CHECK THE MATCH DATES YOU WILL BE AVAILABLE TO PLAY.

REGULAR SEASON:
___ JUNE 7 ___ JUNE 14 ___ JUNE 21 ___ JUNE 28 ___ JULY 5 ___ JULY 12 ___ JULY 14

State Championships for qualified teams July 30-August 1

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

Liability Waiver

I, _____ do hereby release, discharge and hold harmless Lewis Tennis LLC, City of Fort Collins, its officers, employees, servants and agents, of and from any and all claims, demands, actions, causes of actions and suits at law or in equity for and on account of any injuries, damages, or accidents sustained by me (or my child) while participating in or being a spectator of any activity or event sponsored by Lewis Tennis LLC Given under my hand this DATE _____ Signed _____

PLEASE FILL OUT FORM and EMAIL to susan@lewistennis.com or MAIL TO: Lewis Tennis School, PO BOX 1207, Laporte, CO 80535