

Player Registration Form

Form must be filled out completely! **ALL FIELDS ARE REQUIRED!!** (PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (____) _____

BIRTHDATE: __/__/__ PARENT/GUARDIAN: _____

USTA #: _____ EXP DATE: _____ T-SHIRT SIZE: S M L XL

TEAM CAPTAINS NAME: _____ PHONE # (____) _____

SKILL LEVEL: Refer to NJTRP Guidelines and circle level which best describes level of play.

Rallyball (1.0-1.5)

Beginner (2.0)

Intermediate (2.5/3.0)

Advanced (3.5+)

Age Division:

10 & Under

12 & Under

14 & Under

18 & Under

PARENT/GUARDIAN SECTION – Please read completely and sign below!

I, _____ hereby give my consent for my son/daughter _____ to participate in the USTA Florida's Jr. Team Tennis Program and to receive any necessary first aid or other emergency medical treatment while he/she is participating in a USTA Jr. Team Tennis activity. I also agree to support him/her to the best of my ability emphasizing the employment of the experience rather than winning and give as much of myself as I can to make the program a success.

Please complete this registration form and return with registration fees to:

Everlasting Love Tennis Enterprises Inc.

P O Box 670652

Coral Springs, FL 33067

Fax to: 866-810-6777