



JUNIOR TENNIS TOURNAMENT

July 17-18-19, 2009

Presented by:



Amador Tennis Club

WHEN: July 18-19, 2009 (and July 17th if needed)

Check-in 20 minutes before first match time (participants will be notified of their starting match time)

WHERE: Argonaut High School Tennis Courts in Jackson
Matches may be played at Amador High and other locations)

WHAT: Full court singles and doubles play with regular tennis balls. Each entry guaranteed at least 2 matches. Each entrant may play singles and/or doubles.

WHO: Boys and girls 18 and under.
All divisions 14 and younger will play co-ed, including singles!

HOW MUCH: \$25 first event, \$10 for second event (includes refreshments & awards)



To register, return the form on the next page with payment by July 13th.
Questions? Call 304-0004 or email info@amadortennisclub.org





Amador Tennis Club Junior Tournament Registration Form

Please complete a separate registration form for each participant.

NOTE: Participants may “play up” (ie, play in an older age group) but may not “play down” (ie, play in a younger age group). Participants may play both singles and doubles, but cannot play singles in two age groups, or doubles in two age groups. Ages are based on child’s age as of 7/17/09.

Divisions

- | | | | |
|-------------------------|----------------------------------|--------------------------------------------------------|-----------------------------------------|
| CO-ED Ages 8 and under | <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles - Partner name: _____ | <input type="checkbox"/> Partner needed |
| CO-ED Ages 10 and under | <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles - Partner name: _____ | <input type="checkbox"/> Partner needed |
| CO-ED Ages 12 and under | <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles - Partner name: _____ | <input type="checkbox"/> Partner needed |
| CO-ED Ages 14 and under | <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles - Partner name: _____ | <input type="checkbox"/> Partner needed |
| BOYS Ages 16 and under | <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles - Partner name: _____ | <input type="checkbox"/> Partner needed |
| GIRLS Ages 16 and under | <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles - Partner name: _____ | <input type="checkbox"/> Partner needed |
| BOYS Ages 18 and under | <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles - Partner name: _____ | <input type="checkbox"/> Partner needed |
| GIRLS Ages 18 and under | <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles - Partner name: _____ | <input type="checkbox"/> Partner needed |

Parent Name: _____

Participant Name: _____ Birthdate: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

COST IS \$25 FOR FIRST EVENT, \$10 FOR SECOND EVENT. If your child is playing singles and doubles, the cost is \$35.

Amount Enclosed: _____ (please make checks payable to Amador Tennis Club)

CODE OF CONDUCT

I hereby pledge to show good sportsmanship by demonstrating positive support for all players, parents, coaches and officials at all times. I, my child, friends and guests will demonstrate respect toward others. We will place the emotional well-being of others ahead of our own desire to win. We will be aware of all Amador Tennis Club and USTA Junior Team Tennis rules and regulations and will adhere to them at all times.

WAIVER OF RESPONSIBILITY

I absolve and hold harmless the City of Jackson (City), and Amador Tennis Club (ATC), its employees, officers or agents from any liability that may result from the participation of the above named minor in my legal custody in the above activity. I also give my permission for his/her participation in the above activity, and for any necessary medical treatment. I understand the City and ATC have no obligation to supervise my child(ren) at the close of the above activity, and I release the City and ATC, its officers, employees and agents from any liability resulting from any lack of supervision of my child(ren) at the close of the above activity. I understand that participants involved in the above activity may be photographed and such photography may be used to publicize future programs and activities.

Player signature: _____ Parent/Guardian Signature: _____

**Return form by July 13th to:
Mike Daly, 33 Broadway, Jackson CA 95642
Questions? Call 304-0004 or email info@amadortennisclub.org**