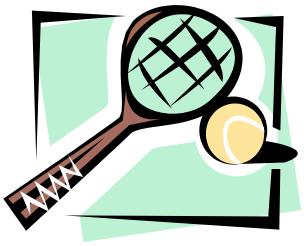
USTA JUNIOR TEAM TENNIS LEAGUE PROGRAM

Winter

Cobb County...Expect the Best!

Cobb County Parks, Recreation and Cultural Affairs Department offers junior USTA leagues at each of Cobb's tennis centers. This program is for youth tennis players of all age and ability levels. Players may register individually and teams will be formed by the tennis center staff. This program provides instruction, match play and fun!!!



All players must be members of the USTA. To register, a USTA number and an accurate expiration date is required. If you need to purchase membership or inquire about your current membership status, phone the USTA office at 1-800-990-8782 or go to USTA.com. The junior USTA membership fee is $20. Participants will be required to pay a **$24** league fee to USTA Atlanta once teams are formed.

REGISTRATION: Now until October 24th

$25.00 Payable to Cobb County PARKS - covers court fees for home matches including play-offs and administrative fees. $37.50 for non-Cobb residents.

UTA drills will be considered "team practice." Contact Amanda Hall to enroll in UTA Drills/Practice: amandahall@utatennis.com

SEASON BEGINS: January 5th (see back of form #7) **Please note: No refunds after October 24th**

Return form to Lost Mountain Tennis Center, 4845 Dallas Hwy, Powder Springs, GA 30127. Phone #: (770) 528-2585.

Lost Mountain Tennis Center – WINTER 2019 - JR USTA TEAM TENNIS - REGISTRATION FORM

Name_____ M☐ F☐ Age_____ Date of birth_____

Street_____ City_____ State_____ Zip_____

School Grade_____ Home phone #_____ USTA #_____ Exp.Date_____

Playing experience / ability level_____

Are you state ranked?_____ Have you played USTA?_____ # of seasons_____ Last USTA level_____

Location_____ Individual USTA rating_____

Have you played ALTA?_____ # of seasons_____ Last ALTA level_____

Are you willing to move up in age group if necessary?_____

Is there a conflicting day for practice?_____ (We will try to accommodate, but no promises)

Entry form must be entirely completed

REQUIRED: Parent's Name:_____ Cell phone #:_____

Phone (B)_____ E-Mail address:_____

Are you willing to be a team manager?_____ Will you help in other ways? Car pooling☐ Phoning☐ Other_____

OFFICE USE ONLY: Amount Paid_____ Date_____

Check # for League Fees _____ Initials_____

Activity Code: 6387

GENERAL INFORMATION

1. Teams will be formed by ages and ability levels by UTA pros.
2. Team's home matches will be played at LOST MOUNTAIN TENNIS CENTER.
3. UTA drills will be considered "team practice." No additional coaching fees for this program!
4. Parents are needed as volunteer for team managers, car pooling, phone calling, etc.
   Please let us know if you can volunteer. (NOTE: Teams cannot be formed without team managers.)
5. During the week of November 26th, the team manager will notify players as to what team they are on and practices times.
   Rosters are kept by the coaches and team managers.
6. Teams (age groups) will be 8 & under, 10 & under, 12 & under, 14 & under, and 18 & under.
   Teams consist of one girls' singles, one boys' singles, one girls' doubles, one boys' doubles, and one mixed doubles.
7. Matches will be played on Saturdays starting January 5th at 1:00pm for most divisions.
8. **Individual requests concerning location, specific team, coach, or practice days and times will be considered, but we may be unable to accommodate your request due to lack of space, etc. If there is an inconvenient practice time, please state on form.**
9. Every effort will be made to place your child on a team. If, due to age and ability level, a team is not available, we will contact the parent prior to roster deadline.
10. Players wanting to be on the same team must turn in their application forms stapled together. Players must be in the same age group and level.
11. During the regular season, players will play as equal a number of matches as possible, but during the play-offs, the coach has the option to field the strongest team.
12. Minimum age requirement: a player must be turning at least 7 years old in 2019.

In order that the department assures compliance with ADA (Americans with Disabilities Act), please make the staff who work with the program/facilities aware of any specific physical or service accessibility need, so that we can reasonably accommodate your request.

Become a Cobb County Tennis Fan on Facebook

See our website at
www.cobbparks.org

RELEASE AND HOLD HARMLESS AGREEMENT - PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County Recreation Commission, the Cobb Arts Commission, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE:_____ BY:_____ [Signature of Participant]

DATE:_____ BY:_____ [Signature of Parent or Guardian]

NOTE: Signature of participant and parent/guardian are both required if participant is under age 19, or is registered for a program for the mentally or physically challenged, or other special population member.

My signature on this entry form grants permission for my son or daughter to participate in the Harrison Junior USTA Program. I further acknowledge that I have read, and fully understand the rules and guidelines set forth in this brochure, and that all fees will be paid to the tennis center and teaching pros.

Parent's or Guardian's Signature_____ Date_____