

**SINGLES LEAGUE
REGISTRATION FORM**

NAME _____

TELEPHONE (HM) _____ (Cell) _____

E-MAIL ADDRESS _____

ALTERNATE E-MAIL ADDRESS _____

FLIGHT (3.5 Men, 4.0 Women, etc.) _____

HOME FACILITY _____

PLEASE NOTE: Communication will be through email so be sure you have included at least one email address in the above information. ID Numbers will be emailed once I know who is participating. After ID Numbers are emailed, players may register for the league on Tennis Link. You are a "one person team".

Players participating in the Singles League acknowledge the risks associated with playing competitive tennis, accept those risks voluntarily, and in consideration of their acceptance in playing the league assume all risks for bodily injury, waive all claims for injury and property damage and release and hold harmless the USTA, SCTA, any host facilities, their officials, employees, coordinators and agents with respect to any injury or loss caused by negligence or otherwise to the fullest extent permitted by law.

Name

Date

RETURN FORMS TO:

**DONNA RINGER
CV Area League Coordinator**

donnaringer@msn.com

Fax 760.360.3572

Phone 760.772.9884

