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## Spring 2011 JTT Season

The Junior Team Tennis (JTT) League is sponsored by COTA, a Community Tennis Association (CTA) under the guidance of the Georgia Tennis Association (GTA) and USTA Southern Section. COTA JTT services residents of Athens-Clarke, Barrow, Jackson, Madison, Morgan and Oconee counties.

Spring matches will begin on or about **Wednesday, March 9th**, with season duration of approximately 6-8 weeks dependent on the amount of teams/division. League byes will possibly be given for ACC and Oconee spring breaks. **Match days are Wednesday afternoons**; however, additional days may be added.

Teams are facility based – if interested in joining a team, please contact a facility and join a team clinic.

Teams are co-ed and consist of at least 6 players; match format will be 2-singles and 2-doubles and will be based on skill level first, then gender. **We need Parent Captain volunteers** - please notify your child's pro if you'd like to volunteer as each team is required to have a Parent Captain. Players and Parent Captains will be assigned to a team by the professional/instructor of their home facility based on age and skill level. Captains must attend a mandatory meeting before the start of the season.

Match sites are dependent on the location of the home facility of the registered teams. Possible locations: Athens Country Club, Athens Christian, Bishop Park, Herman C Michael Park, Jennings Mill Country Club, Madison Co Park & Rec, Morgan Co. Tennis Complex, and Oconee Veterans Park. Additional locations may be added.

**USTA Membership is required.** Junior membership is \$19.00 per year.

**Fall League fee is \$40.00 paid online through TennisLink.** (League fee includes court fees & equipment, balls, uniform shirt, TennisLink fees, & end of year party.)

**Registration is a two-part process:**

**Step1: Complete waiver & form and return to your pro.** Pros will organize teams and captains.

**Step2: Online registration, to be completed after your team captain has contacted you with online registration instructions.** Fees will be paid online via credit card. NO Refunds after TennisLink registration.

**PLEASE COMPLETE & RETURN TO A PARTICIPATING FACILITY BY: Wednesday, 2/2/11**

Player Name: \_\_\_\_\_ Circle one: Male or Female

Home Court: \_\_\_\_\_ AGE/ DOB: \_\_\_\_\_

USTA Member #: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Primary Parent Email for communication: \_\_\_\_\_

Would you like to receive JTT updates via email? **Yes or No**

### TEAM PLACEMENT INFORMATION:

Division played last season: \_\_\_\_\_

Did player participate in the 2010 State Championship? **Yes or No** If so, what age and skill level? \_\_\_\_\_

Is player interested in advancement to the 2011 State Championship? **Yes or No** Age on 8/31/2011: \_\_\_\_\_

Questions? Please contact Courtney Meadows, Coordinator at [jtt@cotatennis.net](mailto:jtt@cotatennis.net)

Players Name:	Age:
Parent or Guardian Name:	Contact #:

**Consent & Waiver Form**

**Consent to Communications:** I understand that by providing my mailing address, email address, telephone number and fax number, I consent to receive communications sent by or on behalf of COTA, its member organization and their representatives, via email or fax.

**Consent to Publication.** I hereby give COTA , its member organizations, and their representatives the irrevocable right to use my name, picture, photograph, or other likeness in all forms and media, and in all manners. This includes but is not limited to print and the web. I waive the right to inspect or approve the finished version(s), including any written copy that may accompany it.

**Medical Release:** I hereby consent to emergency first aid and other medical procedures, or hospital service that may be rendered by or at accredited hospitals, by appointed physicians, which at the time of injury or illness seem reasonably advisable.

*Emergency Contact Information:*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Waiver and Indemnity Agreement:** Acceptance of my entry in these events is without responsibility of any kind by the COTA, the host clubs, committees, or the management of any event in which I may be entered or may participate. In consideration of the acceptance of my entry, I do hereby for and on behalf of myself and my heirs and legal representatives release and forever discharge COTA, the host clubs their officers, committees, and representatives and their successors and assigns, of and from any and all claims, demands, and injuries, however arising, whether cause by the negligent or intentional acts of COTA and its representatives, representatives of other sponsoring entities, or by third parties, which injuries may be in any way related to my activities during the season and any period traveling to or from the events described, and all such claims are hereby waived and released, and I covenant not to sue therefore. The parent or guardian, by signing below, does hereby agree to indemnify and hold harmless COTA and its representatives and the sponsoring entity from any liability which they may incur to the entrant, howsoever arising and whether caused by the negligent or intentional acts of COA, its representatives, or the sponsoring body. I understand that this league will be governed by applicable COTA rules and regulations and agree to conduct myself accordingly.

I have read and understand the foregoing releases, waivers and indemnity agreement.

**Signature of parent/guardian (must be over 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Only originals can be accepted and must be on file with COTA prior to season match play.**