

# Oklahoma Tennis Association Membership Form Fall 2008



**OFFICIAL USE ONLY**

League Name \_\_\_\_\_ Age Group \_\_\_\_\_ Division \_\_\_\_\_  
 Club/Team Names \_\_\_\_\_  
 (USE CODE ONLY)    Region \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_ League \_\_\_\_\_ Club \_\_\_\_\_ Team \_\_\_\_\_  
 Novice = N  
 Recreational = R  
 Competitive = C

The Oklahoma Tennis Association Inc.  
 is a  
 501(c) (3)  
 non-profit organization

I.D. # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Month Day Year Birthday \_\_\_\_\_ Male= M Fem = F \_\_\_\_\_ Player =P Coach=C \_\_\_\_\_ NTPR Rating Level \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

email address 1 \_\_\_\_\_ email address 2 \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Number prior seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Date of Last Season \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Please indicate if player intends to participate in either of the following LaFortune Tennis Tournaments:**  
 Robertson Tire Back To School Junior Open – September 4-6 and/or  
 Marc Miller Pontiac/GMC Fall Junior Open October 15-17.     YES     NO

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the OTA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with tennis and in consideration for the OTA accepting the registrant for its tennis programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the OTA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of courts and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name \_\_\_\_\_  
 Signature  \_\_\_\_\_ Date \_\_\_\_\_

**DIVISION:**

Boys 6th – 8th Grade \_\_\_\_\_

Girls 6th – 8th Grade \_\_\_\_\_

Co-Ed 5th Grade & Under \_\_\_\_\_

(Teams can be all girls, all boys, or mixed)

All league players must have a skill level to play a full match without assistance.

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent or Guardian

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Bus. \_\_\_\_\_

**FOR OFFICIAL LEAGUE USE ONLY**

Birthdate Verified  Yes  No

TRANSFER     NEW     REREGISTRATION     CHANGE     CORRECTION

**Registration Fees**

Player Fee .....\$ \_\_\_\_\_

Coach's Fee .....\$ \_\_\_\_\_

Other .....\$ \_\_\_\_\_

Total.....& \_\_\_\_\_

Check No. \_\_\_\_\_  Cash \_\_\_\_\_ Date \_\_\_\_\_

Received By: \_\_\_\_\_