



--OFFICIAL REGISTRATION FORM--

GREENE COUNTY TENNIS OPEN

August 2-3, 2008

DEADLINE for ENTRIES: JULY 28, 2008

Player(s) Names: _____

ENTRY FEE: Singles - \$10 (R), \$15 (NR); Doubles - \$15 (R), \$20 (NR)

If you have not exceeded a division's maximum age limit by the last day of the month in which the tournament is held, you may play in that division.

MEN'S BRACKET

___ 18-25 ___ 26-33 ___ 34-41

WOMEN'S BRACKET

___ 18-25 ___ 26-33 ___ 34-41

MEN'S DOUBLES

___ 18-20 ___ 21-25 ___ 26-30
___ 31-35 ___ 36-40

WOMEN'S DOUBLES

___ 18-20 ___ 21-25 ___ 26-30
___ 31-35 ___ 36-40

FEES: Singles \$ _____ Doubles \$ _____ Total enclosed: \$ _____

Please make checks payable to: Greene County Parks, 651 Dayton-Xenia Road, Xenia, OH 45385

The draw will be held on July 28 and match times will be available by calling 937-562-7443.

RULES:

- Each entrant must supply one can of USTA approved tennis balls. Unopened can will be given to the winner of the match.
- All matches will be the best of three sets; 12 point tie breaker;
- First & second place trophies will be awarded in each division.
- The Tournament Director will settle questions concerning match play.
- Person returning registration form is responsible for paying entire fees for all parties involved.
- Players cannot enter more than two events.
- Players must check in at the tournament desk 15 minutes prior to their match time. The 15 minute default rule will be in effect.
- Players are responsible for obtaining their match times will be available by calling 937-562-7443.

Signature _____ Date _____

--PLEASE COMPLETE THE REGISTRATION FORM/SIGN WAIVER ON REVERSE--

Your registration will not be processed unless it is completed.



REGISTRATION FORM

Don't forget to get your 2008 Greene County Parks T-Shirt • Only \$7 each



One form per registrant, please. This form may be duplicated. Please print clearly and fill out completely to ensure a smooth transaction. You are not officially registered for any activity until your completed form and fee is received by Greene County Parks.

Name of Registrant: _____

Date of Birth: _____ M / ___ F Grade (if applicable): _____ First time Registrant: _____

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____ Alternative Emergency Contact & Phone: _____

Title of Activity	Section #	Activity Fee(s)
1. Greene County Tennis Open	530621	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Greene County Parks T-Shirt (qty.): ___YM ___YL ___S ___M ___L ___XL ___2XL @ \$7 each
___ Greene County Resident ___ Non-Resident **Cash/Check/Money Order/Household Credits Only** TOTAL FEES: _____

Make check or money order payable to Greene County Parks and mail with completed form to 651 Dayton-Xenia Road, Xenia, OH 45385. Completed waiver and payment is due at the time of registration. Questions? Call Greene County Parks at 937-562-7440.

RELEASE OF LIABILITY CONSENT:

By signing this form, I agree to hold harmless and release the Board of Greene County Commissioners and the Greene County Park District, their individual members and all of their officers, agents, assigns and employees from any and all loss, damage, liability, injuries, medical conditions, and costs or expenses as may arise, or may be caused in any way by participation in Greene County operated park programs or activities in which I or my child/ward may participate. I further understand that I assume all responsibility for any loss, damage, liability, injuries or medical complications from participation in Greene County operated park programs in which I or my child/ward may participate. I have read and understand the above conditions for participation in Greene County Parks programs and activities.

MEDICAL TREATMENT CONSENT:

I also consent to emergency medical treatment for me or my child/ward if necessary. I agree to waive and relinquish all claims of medical treatment against the Greene County Park District and the Board of Greene County Commissioners.

PHOTO CONSENT:

By participating in a Greene County Parks program or event, I agree to allow publication of any photo/media taken, in future program publications or local newspapers.

I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the program waiver and the emergency medical treatment consent. This waiver form is completed and signed of my own free will.

Signature of registrant (parent or guardian if under age 18): _____ Date: _____

www.co.greene.oh.us/parks • 937-562-7440 • 937-562-7441 (fax)
Greene County Parks Office Hours: Monday-Friday, 8 a.m. - 5 p.m.

For Office Use Only: Receipt # _____ Cash _____ Check/MO # _____ Confirmation Sent: _____