



USTA junior TEAM tennis

USTA Junior Team Tennis is a competitive team experience outside of the school the school system. Teens can play in 18 and under or 14 and under categories. They compete as a team against teams from other North Dakota Communities. They practice twice a week through the JTT season.

Schedule

Registration Deadline: Thursday June 3rd
Season Starts: Monday June 5th
Practices: M & W 2 to 3 p.m.
Matches: TBA
Area Championships: W July 14 (Home)
Section Champ: July 27-28 (Minneapolis)
National Champ: Oct 22-31 (Arizona)

Practice Location: Bolinger Tennis Courts

Cost (payable to Jamestown Parks and Recreation)
With New/Renewal USTA Membership: \$95.00
Without New/Renewal USTA Membership: \$76.00

Cost includes a team jersey, registration in matches and area championship, and New USTA membership or renewal. Does not include costs related to travel or registration for Sectional or National.

Players should wear appropriate gym clothing including the Jamestown Tennis T-shirt provided to them. Bring a water bottle, sunscreen, and any other outdoor necessities. If any type of equipment is needed please let the person registering you at the Parks and Recreation office know, as equipment is limited and we want to make sure we have enough for everyone. Return the registration form along with the fee to the Jamestown Parks and Recreation office at 1002 2nd Ave SE, or mail to Box 2014.

-----Detach Here, Return Info Below to the P&R-----

JUNIOR TEAM TENNIS 2010: T-Shirt Size: _____ Equipment Needs: _____

Name: _____ Age: _____ E-mail: _____

Address: _____ Phone: _____

Emergency Contact Name and Number: _____

Special Health Needs: _____

Registration with USTA Membership; \$95 Fee Paid JTA Member (Circle): Yes No

Registration without USTA Membership: \$76 Fee Paid USTA# _____

USTA Membership is Required for Junior Team Tennis and the Jamestown Youth Open - Sign Up Here!

I hereby certify that I am in normal health and capable of safe participation in this class. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Jamestown Parks and Recreation to obtain medical treatment for me in the event the emergency contact cannot be reached. I hereby release photographs taken of me to be used in the promotion of Jamestown Parks and Recreation activities.

Signature of Participant _____