



2006 U.S. Men's Team Championships
December 8th – 10th, 2006, Yale University, New Haven, CT

Entry Deadline

Entries and payments must be received by Friday, November 24th, 2006, 5:00 PM EST. No phone or fax entries accepted. No refunds will be provided after the Entry Deadline. Please post date accordingly if sending checks.

Divisions

- Men's A (6.0)
- Men's B (5.0)
- Men's C (4.0)

Five man teams representing USSRA districts, colleges, universities, or schools, will be placed in two separate draws. Feed-in draws and consolation plates will guarantee every team two matches.

Eligibility

Players must be current USSRA members through the last day of the tournament.

Refunds

No refunds will be provided to players eligible for the tournament after the Entry Deadline. Refunds will be provided to ineligible entrants.

Entry Fee

Player Names	<u>Cost</u> \$75 per player	<u>Includes</u> Player gift and two lunches
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1. _____
2. _____
3. _____
4. _____
5. _____

Payment

This entry form needs to be sent to the USSRA office along with a check or credit card information:

Visa/Mastercard # _____ Expires: _____

Signature of Credit Card Holder: _____

Email: _____

Phone Number: _____

USSRA
PO Box 1216
Bala Cynwyd, PA 19004

Release of Liability and Waiver

I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless Yale University and the United States Squash Racquets Association, their servants, agents and employees from any and all claims and demands of every kind and character from injury to my person or damage to property as a result of my participation in the United States Championships, held on December 8th – 10th, 2006. I agree to carry primary medical insurance and abide by all the tournament policies. I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____ Date _____

For Participants of Minority Age

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree to his/her release to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ Date _____

