



2007 U.S. Father-Son Doubles Championships

April 20th – 22nd, 2007, New York City, New York

ENTRY FORM

Entry Deadline:

Entries and payments must be received by mail or facsimile (610-667-6539) by Monday, April 9th, 2007, 5:00 PM EST. No phone entries accepted. No refunds will be provided after the Entry Deadline.

Divisions:

Open 17 & Under 13 & Under Century (combined ages 100 yrs or greater)

Eligibility:

Players must be of age for their age division through the last day of the tournament. U.S. citizens and residents must be current US Squash members through the last day of the tournament.

Patrons:

GOLD	Cost \$1000	Includes Team Entry Fee and "special" player gift
SILVER	Cost \$ 500	Includes Team Entry Fee

Entry Fee:

Player (Individual)	Cost \$175 per player	Includes shirt (Indicate Size below)
Team (Both Players)	Cost \$350 per team	Includes shirts (Indicate Sizes below)

Payment:

Make all check(s) payable to "US Squash". Mail to: US Squash, P.O. Box 1216, Bala Cynwyd, PA 19004.

Charge my Card AMEX MasterCard Visa
 Expiration _____ / _____ Account # _____
 Name on Card _____
 Signature: _____

Player Information

	Player 1	Player 2
Name	_____	_____
Address	_____	_____
City State Zip	_____	_____
Email Address	_____	_____
Home phone	_____	_____
Work phone	_____	_____
USSRA #	_____	_____
Shirt Size	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

Release of Liability and Waiver

I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless participating clubs 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 April 20th – 22nd, 2007. 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.

Player 1 Signature _____ Date _____
Player 2 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 Player 1 Signature _____ Date _____
Parent/Legal Guardian Player 2 Signature _____ Date _____