

UNITED STATES SQUASH RACQUETS ASSOCIATION INCORPORATED



P.O. Box 1216
Bala Cynwyd, PA 19004-121
610-667-4006
610-667-6539 (FAX)
website: <http://www.us-squash.org>

2007 US High School Team Championships
February 9th-11th, 2006
The Brady Squash Center, Yale University
New Haven, CT

Team _____

Coach _____

Phone _____

Cell Phone _____

Email _____

Team Members:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Payment

This entry form needs to be sent to the USSRA office along with a check or credit card information for \$325 per team made out to the USSRA:

Visa/Mastercard # _____ Expires: _____

Signature of Credit Card Holder: _____

Email: _____

Phone Number: _____

USSRA
PO Box 1216
Bala Cynwyd, PA 19004

Refund policy: No Refund after entry deadline.

Questions please email to vijay.chitnis@us-squash.org

Coach's Name: _____

Release of liability: We hereby relieve, and forever discharge and agree to indemnify and hold harmless the participating squash facilities, Yale University and the USSRA, their servants, agents and employees

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from any and all claims and demands of any and every kind and character for injury to our person or damage to property as a result of our participation in the 2007 US High School Team Championships, February 9th-11th, 2007.

Signed _____
Date _____

United States Squash Racquets Association: Release of Liability and Waiver

I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless

_____,
Event Site(s)

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

_____, held on _____.
Event Name Event Date(s)

I agree to 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 _____

Participant's Name (Printed) _____ 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 _____

Parent/Legal Guardian Name (Printed) _____