

**71st Annual
Michigan-Wisconsin Tennis Open
August 4 and 5, 2018**

FEES: Singles is **\$18** and doubles is **\$22** per team (includes t-shirt).

Checks should be made payable to ***Esky Tennis***. Entry forms should be mailed to:

Escanaba Recreation Department
Attn: MI/WI Tennis
P.O. Box 948
Escanaba, MI 49829

ENTRY DEADLINE: Entry with payment must be received by **Friday, July 27, 2018** to receive a t-shirt.

TOURNAMENT HEADQUARTERS: Escanaba's Ludington Park Courts. All singles will be played on Saturday and doubles are played on Sunday. All players please check in at 8:00 a.m. Schedules will be posted at Ludington Park Saturday morning, August 4th and matches will start soon after. Players provide one can of Wilson or Penn balls per event entered. Winner keeps new can, loser keeps used balls.

QUESTIONS: Contact Tom Penegor at (906) 399-4274 or the Civic Center at: recreation@escanaba.org, (906) 786-4141 - fax (906) 789-3798

TOURNAMENT RULES:

1. USTA rules govern.
2. Awards for first and second place.
3. Tournament committee's decisions are final.
4. Only one doubles division may be entered. **"A" players must play "A" events. Players currently playing on a college team must play "A" events.** Divisions with less than 4 will be combined with the most appropriate division.
5. No entry accepted without entry fee; make checks payable to ***Esky Tennis***.
6. One person per entry form. Doubles partner must complete separate form to register and receive a t-shirt. (T-shirt not guaranteed after entry deadline.)
7. You must check in at Ludington Park tennis headquarters before playing your first match. Schedules will be posted.
8. Courts used will be Escanaba High School, Ludington Park, Royce Park, Veteran's Park, and Pfothenhauer Park Gladstone.
9. No refunds due to fundraiser for Escanaba Tennis Team.
10. Play dependent upon weather.

71st Annual
Michigan-Wisconsin Tennis Open
2018 Entry Form
One Person Per Form

Name: _____

Address: _____

City/State/Zip _____

Phone: _____ Cell: _____ Work _____

E-Mail: _____ Doubles Partner: _____

Divisions of Play: Circle Divisions you are playing:

<i>Singles</i>	<i>Youth Singles</i>	<i>Adult Doubles</i>	<i>Youth Doubles</i>
Men's "A"	Boys 12-15	Men's "A"	Boys 12-15
Men's "B"	Boys 16-18	Men's "B"	Boys 16-18
Men's "40+"	Girls 12-15	Men's "40+"	Girls 12-15
Men's "55+"	Girls 16-18	Men's "55+"	Girls 16-18
Women's "A"			Women's "A"
Women's "B"			Women's "B"
			Mixed "A"
			Mixed "B"

Circle One: T-shirt (Adult sizes)

Small Medium Large Extra-Large XX-Large

Please complete the appropriate attached Accident Waiver (adult) or Accident Waiver (minor) and Consent to Medical Treatment (minor)

Signature of Participant or Parent/Guardian Date

Signature of Partner or Parent/Guardian Date

For Office use Only

Amt. Received: _____ Cash/Check#: _____ Received By: _____ Date: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY SPORTING EVENT PARTICIPANT FOR ADULT

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by the terrain, facilities, temperature, weather, condition of the athlete's equipment, vehicular traffic, actions of other people including, but not limited to volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event and lack of hydration. If applicable, hazards may be caused by water currents or waves and other water related hazards. I hereby assume all the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the City of Escanaba and the event holders, sponsors, and organizers and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this event, the following entities or persons: City of Escanaba, its elected and appointed officials, employees and volunteers, and representatives and agents, and others working or acting on behalf of the City of Escanaba; and to the extent permitted by law (B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this event.

I hereby consent to receive medical treatment, which may be deemed appropriate in the event of injury, accident, and/or illness during this event.

I hereby certify that I have read this document and understand and agree to its content.

Name: _____ Age: _____

Signature: _____ Date: _____

**ACCIDENT WAIVER AND RELEASE OF LIABILITY
SPORTING EVENT
PARENT-GUARDIAN WAIVER FOR MINOR**

The undersigned parent and natural guardian or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity, and agrees to the fullest extent permitted by law to save, hold harmless the City of Escanaba, their elected and appointed officials, employees and volunteers, and the event holders, sponsors, and organizers, from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death, which may be imposed upon or incurred by the City of Escanaba because of the participation of the minor in this event. By signing below, you also agree to release said parties in this regard on behalf of both the minor and the parent or legal guardian.

Event: MI/WI Tennis Tournament

Name of Minor: _____

Names of Parents or
Guardian: _____

Address: _____ City/State: _____

Phone: _____

Parent or Guardian's
Signature: _____

Date: _____

CONSENT TO MEDICAL TREATMENT OF MINOR

If the applicant is under 18 years of age, the parents or guardians must execute this document.

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by, or illness of, said minor while he/she is/was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries to, or illness of, said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf, of that of the minor, to save, hold harmless and indemnify the City of Escanaba, its elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever that may be imposed upon or incurred by said parties because of the participation of the minor in the event shown, and does release said parties on behalf of both the parents or legal guardian.

Event: MI/WI Tennis Tournament

Name of Minor: _____

Names of Parents or
Guardian: _____

Address: _____ City/State: _____

Phone: _____

Parent or Guardian's
Signature: _____

Date: _____