



Membership & League Registration Form (2022)

C.T.A. USE ONLY	
Date Received	
<input type="checkbox"/> Correct Fee Included	

LEAGUE REGISTRATION DEADLINE: April 25, 2022

**Complete one form per person (copy as needed) and mail check along with form to:
CTA, P.O. Box 3002, Coeur d'Alene, Idaho 83816-3002**

1. Contact Information

Name _____

Name of Guardian (For Juniors) _____

Mailing Address _____

City _____ ST _____ ZIP _____

Home Phone _____ Work/Cell _____

Date of Birth ____/____/____

Email _____

C.T.A. RANKING (Circle) 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1

Novice | Intermediate | Advanced

OR

- USTA _____

- OTHER _____

- **RANKING UNKNOWN** (Attend ranking clinic)

- Cancel CTA membership & remove me from the mailing list.
- Check here if you will need a substitute for 3 or more weeks.

SPECIAL REQUESTS: Teammates, Carpools, etc. (Juniors: Family Requests only):

2. Join As

NEW CTA MEMBER ONLY

RETURNING CTA MEMBER

ADULT LEAGUE (Ages 18+)

Adult Regular (\$35.00)

Adult Substitute (\$15.00)

3. League Volunteer Positions

ADULT LEAGUE (Please check below for the following volunteer positions. Captains must have email access.)

- Team Captain
- Team Co-Captain

JUNIOR LEAGUE (Parents and/or guardians, please check below for the following volunteer positions. Training is available.)

- Team Coordinator
- Help with Junior League Activities

4. CTA Volunteer Opportunities

(Indicate Interest)

- All purpose CTA Volunteer
- End of Season BBQ
- Facilities Issues / City Liaison
- Website Maintenance

5. Release of Liability and Medical Consent

ALL ADULT MEMBERS OR GUARDIANS FOR MINORS MUST SIGN THIS RELEASE.

I acknowledge that the competitive and/or pleasure activities of the Coeur d'Alene Tennis Association may contain the risk of injury and damage to me personally. In consideration of the acceptance of my application, I (for my heirs, executors, representatives, administrators and assignees) do hereby waive, release and agree to hold harmless the Coeur d'Alene Tennis Association (and its employees, agents, sponsors, volunteers and associates, including the City of Coeur d'Alene) from any and all claims for damages and/or liability arising from my travel to, participation in, and return from events of the Coeur d'Alene Tennis Association. I acknowledge that tennis can be a difficult test of my physical fitness, that I am physically fit and that I have sufficiently trained to participate in the events of the Coeur d'Alene Tennis Association. Furthermore, I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve my life, limb, or well being. For any registrants that are minors, I, as the registrant's parent or legal guardian, agree to the Release of Liability and Medical Treatment Consent described herein, on behalf of my dependent.

I AGREE TO READ AND ABIDE BY ALL RULES ESTABLISHED BY THE ADULT AND/OR JUNIOR LEAGUE DIRECTORS.

Signature _____ Date _____

PRIMARY ADULT OR PARENT/GUARDIAN (FOR ALL MINORS)