

OTHER CONSIDERATIONS (use back if necessary)

Do you have any special physical or medical conditions that would affect your level of play? YES ___ NO ___

Describe: (be brief and specific – Date of injury, diagnosis, treatment, prognosis and name attending physician)

Are you currently being treated for an injury that would affect your tennis? YES ___ NO ___

Provide specifics: _____

List any other information that may impact your tennis history or rating level: _____

I state the information presented is correct. If it is found that I have falsified or omitted any pertinent information, it may result in disqualification from USA League Tennis play.

Office Use:

Date Received _____	Processed by: _____
NTRP Decision: _____	Approved at: _____ Denied – New Level _____
Date Notified _____	Phone _____
Method(circle) e-mail _____	Mail _____ Other _____

Submitted by: Player ___ Captain/Admin ___

Player's Signature

Print Name _____

Date: _____