

COTA (USTA) Team Registration Form

Please provide the following information

Season _____

League _____

Match Day _____ AM/PM

Five Line Leagues – Fee \$150 per team

Three Line Leagues – Fee \$100 per team

Please Print Clearly

Team Captain Name _____ Cell Phone _____

E-mail Address _____

Team Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____ / ____ Age ____ Sex ____

Emergency Contact _____ Phone _____

Co-Captain Information

Name _____

E-mail address _____

Cell Phone _____

COTA (USTA) League Information

- All USTA teams must complete registration form and pay court fee in order to reserve courts for matches.
- **Team captain must be an Oconee County resident and must provide residency proof at time of registration.**
- **Team roster must be provided to OVP front office prior to release of court schedule for season.**
- USTA teams are accepted based on court availability by the order that teams register and pay court fee.
- Courts for make-up matches must be coordinated in advance through the park office at Oconee Veterans Park by the Team Captain.
- **I understand Oconee Veterans Park courts 7 & 8 are for public use only, NO league play or practice is permitted. If any team member violates this policy the entire team may lose the privilege of using any OVP courts without refund.**

Refund Policy: No refunds or credits will be granted unless requested by COTA (USTA) registration deadline. If request is made by program registration deadline, you will have two options: (1) Receive an immediate credit for the full amount valid for 12 months or (2) Receive a refund, minus a 25% administration fee. Out of County fees will be returned with refund. Registration convenience fees are non-refundable.

Team Captain Signature _____

Date _____

OVER

PARTICIPANT WAIVER & RELEASE OF LIABILITY

MUST BE SIGNED TO PROCESS REGISTRATION

In consideration of the named participant being allowed to participate in any way in the Oconee County Parks and Recreation Department programs, related events and activities, I, the parent/ legal guardian, of the named child, or as an adult participant, hereby acknowledges, appreciates, and agrees to the following:

1. The risk of injury or damages to my child and/or myself from the activities involved in the programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exists.
2. The risk of exposure to and illness from infectious diseases, including but not limited to MRSA, influenza and COVID-19 (coronavirus) from participation in activities exists. While all infectious diseases are contagious and can be dangerous, currently COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact, and the many of its long-term health effects in adults, youth and children are unknown at this time. Participation may not allow for proper physical distancing and other safety measures currently recommended by federal and state authorities; therefore, participation in activities may increase the risk of serious illness, injury, permanent disability and death from this infectious disease. In addition, any participant with symptoms of or diagnosed with an infectious disease may not participate until fully recovered per health guidelines.
3. **FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others**, and assume full responsibility for my child's participation.
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, **HEREBY INDEMINFY AND HOLD HARMLESS** the Oconee County, Board of Commissioners, and all employees or agents of Oconee County, including all individuals who are affiliated with the programs administered by the Parks and Recreation Department of Oconee County ("Releases"), from any and all liabilities incident to my involvement or participation in these programs or transportation to and from activities, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, **HEREBY RELEASE THE** other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property** incident to my and/or my child's involvement or participation in these programs, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
6. I hereby grant consent to any and all first aid responders designated by the Oconee County Parks and Recreation Department to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from first aid responders.
7. I further understand that health, or accident insurance which would cover my or my child's medical, hospital, or related expenses in the event of injury in this activity is my responsibility. I understand the Parks & Recreation Department of Oconee County strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain it.
8. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program itself, I will remove myself or my child from the participation and bring such attention of the nearest official immediately.
9. I understand that I am bound to abide by the Oconee County Parks & Recreation Department's Code of Conduct. I further understand that these programs are recreational and that if either parent should exhibit continued unsportsmanlike conduct, the parent may be required to leave and child may be removed from the program.
10. I understand that the department may use participant images or videos, and that such may be published in an outlet used to promote or publicize the program or department.
11. In addition, I understand that it is mandatory for a parent of all competitive youth sports participants to complete the Parents Association for Youth Sports (PAYS) training before their child can participate in a youth sports program.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND WAIVER. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Team Captain Signature _____

Date _____