2019 SFEA Adult Tennis Singles League



Spring is here and it is time for Tennis League! Regular league play runs from May 20 – August 15 with playoffs to follow.

This flier is for Men's and Women's singles. If you are enrolling in any of the doubles events, there is a separate flier (SFEA Doubles Tennis League). Game times and facility use will be determined by players. The tennis league rules are based on the USTA rules. A copy of the rules is located on the SFEA intranet site.

Any SFEA member may enroll any or all dependent family members out of high school and listed on their membership; all players must be available to play through mid-September. This league is open to SFEA members only. **Enrollment fee is \$5 per player; please also submit the attached waiver and turn in with the enrollment form.** Awards will be given to the playoff winners and runners-up.

If you have any questions, please contact League President Marla Call at 763-9861 or SFEA Board Member Stefanie Snow at stefanie.snow.dh17@statefarm.com.

Enrollment Guidelines

All enrollment forms, waivers, and money must be received in HRSS/Activities, Corporate A-1, by 1pm on **May 8**. Activities is not responsible for cash sent through the mail or late delivery of mail. Checks payable to SFEA.

Singles Tennis League ~ May 20 - August 15 #650 Close Date: Wednesday, May 8th Name________ Ext._____ SFEA #____ Building____ Floor____ Department _______ Alias Retiree's Address_______ Street City Zip Phone # Email Participant's Name: ______ Preferred Contact Phone _______ Email for player (used for scheduling matches/getting updates) ______ Skill-level (circle): Beginner/Intermediate/Advanced Preferred Flight # (if known) _____ Experience or NTRP rating (if new to the league) ______ Which division do you want to play in (circle): Women's Singles / Men's Singles Retirees please mail to: Enrollment fee is \$5 per person

Enrolling____ Check #____

HRSS/Activities A-1 Corporate

1 State Farm Plaza Bloomington, IL 61710

SFEA Sports Agreement and Release of Liability

I, (Print First and Last Name)	, desire to participate
I, (<i>Print First and Last Name</i>) in various activities (the "Activities") organized by State Farm En	nployee Activities
Association (SFEA).	
In exchange for being permitted to participate in the Activities, I h	• 0
on behalf of myself and my heirs, personal representatives and ass	•
demands and liabilities that I or my heirs, personal representatives	•
may have in the future against State Farm Mutual Automobile Ins	1 .
any of its affiliates and/or their respective directors, officers, ager "Pologged Parties") for property demands paragonal injury, illness of	* · ·
"Released Parties") for property damage, personal injury, illness and/or death arising or resulting from the Activities or my participation in them, whether on State Farm's	
premises or elsewhere. I also agree not to sue or to commence any	
or charge against any of the Released Parties regarding any matter	
Agreement and Release of Liability.	to voice of this
I recognize and understand that the Activities may include inherer	ntly hazardous
activities, which may cause serious injury. I hereby expressly and	specifically assume the
risk of injury or harm in regard to these potentially hazardous acti	vities.
By signing below, I acknowledge that I have carefully read this A	
of Liability and agree with its terms and their binding effect on me	e, my heirs, personal
representatives and assigns.	
Dated:	
Dated.	
Signed:	