

**2025 Locust Valley Library Tennis Classic  
May 10 (Rain date, May 17)**

**Player Sign-Up Form**

Please register each person individually.  
Fee of **\$80.00** each is due by **Monday, May 5.**

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Address (No. & Street)

\_\_\_\_\_

City

\_\_\_\_\_

Zip

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Email

\_\_\_\_\_

Payment method

Credit card (online only) \_\_\_\_\_ at [www.locustvalleylibrary.org/tennis-classic/](http://www.locustvalleylibrary.org/tennis-classic/)

-or-

Check \_\_\_\_\_ Payable to “Locust Valley Library” should be mailed to:

Locust Valley Library  
170 Buckram Road  
Locust Valley, NY 11560

**\*\*\* Signed Medical Release Form (see back) Required. \*\*\***

***Thank you for your support of the Locust Valley Library.***

The Locust Valley Library is an exempt organization as described in Section 501 (c)(3)  
of the Internal Revenue Code and 100% of your donation is tax deductible.

**Locust Valley Library Tennis Classic  
Medical Release**

Please complete this Medical Release and sign it.

**NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MEDICAL RELEASE:** I acknowledge that tennis is a strenuous activity and that clearance by a physician is recommended. I hereby consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seem reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures.

\_\_\_\_\_  
Signature of Entrant

\_\_\_\_\_  
Date