



USTA / URSULA BECK PRO TENNIS CLASSIC

USTA PRO CIRCUIT EVENT

DECATUR, ILLINOIS
JULY 31 - AUGUST 9, 2009

TOTAL PRIZE MONEY: \$10,000

SINGLES: MAIN DRAW-32

QUALIFYING-128

ITF CODE: USA F20

DOUBLES: MAIN DRAW-16

TOURNAMENT INFORMATION

SITE:	FAIRVIEW PARK TENNIS COMPLEX 1640 MONUMENT HILL DRIVE DECATUR, IL 62522	PHONE: 217-421-7432 FAX: 217-423-7562
TOURNAMENT DIRECTOR:	CHUCK KUHLE	TOURN. DIRECTOR'S EMAIL: chuck@decaturathleticclub.com
SURFACE:	HARD/OUTDOOR	BALL: WILSON EXTRA DUTY

USTA ON-SITE STAFF

USTA SUPERVISOR:	DAVID LITTLEFIELD	CELL: 914-673-4181
E-MAIL:	LITTLEFIELD@USTA.COM	
CHIEF UMPIRE:	LYNDA HINSHAW	
PRO CIRCUIT WEB SITE:	http://www.usta.com/ProTennis/USTAProCircuit.aspx	

DEADLINES

ENTRY DEADLINE:	THURSDAY, JULY 16 AT 14:00 HRS. GMT	ALL ENTRIES & WITHDRAWALS MUST GO
W/DRAWAL DEADLINE:	TUESDAY, JULY 21 AT 14:00 HRS. GMT	THROUGH WWW.ITFTENNIS.COM

SIGN-IN INFORMATION

SINGLES QUALIFYING:	THURSDAY, JULY 30, FROM 4-6 PM AT TOURNAMENT SITE	ENTRY FEE: \$40 CASH ONLY
DOUBLES MD:	MONDAY, AUGUST 3, CLOSING AT 12 NOON ON SITE	

SCHEDULE OF PLAY

SINGLES QUALIFYING:	FRIDAY, JULY 31, AT 9 AM
SINGLES MAIN DRAW:	TUESDAY, AUGUST 4, AT 10 AM
DOUBLES MAIN DRAW:	TUESDAY, AUGUST 4, AT A TIME TO BE DETERMINED

WILD CARD EVENT

TO ENTER:	CONTACT ALLISON HEIM AT 217-521-6626 BY JUNE 3, 11:59 PM. ENTER USING TENNIS LINK.	ENTRY FEE: \$30
PLAY:	SATURDAY, JUNE 6 - SUNDAY, JUNE 7	

PRO-AM & SOCIAL ACTIVITIES

ADULT PRO-AM:	SIGN-IN BEGINS SUNDAY, AUGUST 2 AT 12 NOON. PLAY BEGINS MONDAY, AUGUST 3, AT 5 PM. **NEED 16 MAIN DRAW PLAYERS FOR ADULT PRO-AM EVENT. PLAYERS PAID \$40 & DINNER**
JUNIOR PRO-AM:	SUNDAY, AUGUST 2 AT 4 PM **NEED 16 PLAYERS FOR JUNIOR PRO-AM EVENT. PLAYERS PAID \$40 & DINNER**
SOCIAL ACTIVITIES:	KID'S DAY - FRIDAY, AUGUST 7 FROM 11 AM - 12:30 PM. **NEED 2 MAIN DRAW PLAYERS. PLAYERS PAID \$50**

HOTEL INFORMATION

RECOMMENDED HOTEL:	HOMWOOD SUITES BY HILTON 333 WEST MARION AVENUE FORSYTH, IL 62535	PHONE: 217-877-0887 FAX: 217-877-0287 CUTOFF DATE: THURSDAY, JULY 16
CONTACT:	KASSIE LANDRY	
RATES:	\$99 + TAX PER NIGHT-KING STUDIO SUITE/\$109 + TAX PER NIGHT-KING 1 BEDROOM	

AIRPORTS

AIRPORT: DECATUR, IL (DEC), BLOOMINGTON, IL (BMI) - 45 MILES, ST. LOUIS INTERNATIONAL (STL) - 145 MILES

TRANSPORTATION

FROM AIRPORT TO HOTEL/SITE : MAIN DRAW PLAYERS CAN ARRANGE FOR PICK-UP BY CALLING 217-421-7432 STARTING SUNDAY, AUGUST 2. ANOTHER OPTION IS TO CALL AOK TAXI SERVICE AT 217-330-7771 FOR A FEE.

FROM HOTEL TO SITE : PLAYERS STAYING AT THE HOMWOOD SUITES WILL BE PROVIDED SHUTTLE SERVICE BETWEEN THE HOTEL & TOURNAMENT SITE.

DIRECTIONS

FROM ST. LOUIS & GODFREY TO SITE : TAKE I-55 TO I-72. EXIT TO DECATUR. AS YOU APPROACH DECATUR, TAKE EXIT 133A. GO TO FOURTH STOPLIGHT. GO RIGHT ON ELDORADO STREET. ENTRANCE TO PARK IS STRAIGHT AHEAD.

FROM CHICAGO TO SITE : I-55 SOUTH TO HWY 51 SOUTH TO I-72 OR I-57 SOUTH TO I-72. IN BOTH CASES TAKE EXIT 133A AND PROCEED AS ABOVE.

2008 CUTOFFS: MD SINGLES-880 Q SINGLES-BYES MD DOUBLES-NR

PLAYER NOTICES

ALL PLAYERS RANKED OR UNRANKED MUST ENTER ONLINE 18 DAYS PRIOR TO TOURNAMENT WEEK.

ALL PLAYERS MUST HAVE IPIN, HAVE PAID THE \$45 ENTRY SYSTEM FEE AND PAID ALL HISTORIC FINES ON THEIR RECORD BEFORE SIGN IN.

LOG ON TO WWW.ITFTENNIS.COM/IPIN TO PAY ONLINE

NO PLAYER WILL BE ALLOWED TO PLAY WITHOUT HAVING SIGNED THE USTA CONSENT WAIVER. IF UNDER 18 THE PLAYER MUST HAVE A PARENT OR GUARDIAN SIGN ON THEIR BEHALF.

ITF EVENTS WILL USE CURRENT ATP RANKINGS AND NATIONAL RANKINGS ON RECORD WITH THE ITF TO PLACE PLAYERS IN THE QUALIFYING DRAW. PLEASE CONTACT YOUR FEDERATION IF YOU HAVE QUESTIONS ABOUT YOUR NATIONAL RANKING. AMERICANS CAN GET MORE INFORMATION BY CLICKING ON THE EMBEDDED LINK BELOW.

[USA NATIONAL RANKING / TOP 500](#)

	\$10,000 Futures			
	Singles		Doubles	
	Points	Prize \$	Points	Prize \$
Winner	17	\$ 1,300.00	17	\$ 630.00
Finalist	9	\$ 900.00	9	\$ 330.00
Semifinalist	5	\$ 480.00	5	\$ 260.00
Quarterfinalist	2	\$ 290.00	0	\$ 180.00
Round of 16	1	\$ 200.00	0	\$ -
Round of 32	0	\$ 117.50		

VISIT US AT WWW.PROCIRCUIT.USTA.COM

2009 ITF Men's Circuit Revised Entry Structure



15 November 2008

Key Changes for 2009

- **Unranked players** (as well as ATP-ranked players) should now enter ITF Futures tournaments in advance, before the entry deadline ¹
- The ITF will publish a **Qualifying Draw** as well as a Main Draw ²
- The entry deadline and withdrawal deadline will be on separate days ³:
 - **Entry deadline** – Thursday (14h00 GMT), **18 days** (two and a half weeks) before the start of the tournament ⁴
 - **Withdrawal deadline** – Tuesday (14h00 GMT), **13 days** before the start of the tournament ⁵
- A player not accepted into the Main or Qualifying Draw of any Futures tournament by the withdrawal deadline will remain on one or more entry lists as an Alternate until such time as he moves into a Qualifying Draw. At this time he will be automatically withdrawn from all the other tournaments he entered in that same week and will be committed to the tournament he moves into

Notes: Reasoning and Implications

- ¹ At the entry deadline, players with a National Ranking will have priority over those players without a National Ranking, for acceptance purposes. For the most recent National Rankings to be used for acceptance in a given week, National Associations must submit their National Rankings to the ITF (in the correct format) no later than three weeks before the start of that tournament week. Updated National Rankings may be submitted to the ITF up to four times per calendar year.
- ² Players who appear in Main and Qualifying Draws on the lists published following the withdrawal deadline **will be committed to those tournaments**. This will *guarantee* advance places in Futures tournaments to *as many players as possible* and will greatly reduce the number of non-entered players who travel to Futures tournaments (at huge personal cost) when there is only a possibility (i.e. no guarantee) of gaining a place in Qualifying once they arrive, as has been the case for many years.
- ³ Between the entry and withdrawal deadlines (five days), players will remain in all the tournaments they entered (i.e. a player could appear in up to six Main Draws) BUT no player will be committed to any one specific tournament until after the withdrawal deadline. During this period players will be able to withdraw from any tournament **without penalty**, giving players further opportunity to withdraw from tournaments they definitely do not want to play.
- ⁴ The entry deadline for Challenger Series tournaments falls on Monday, 21 days prior to the start of the tournament. Scheduling the entry deadline for Futures tournaments on the following Thursday gives those players not accepted into a Challenger, time (up to two and a half days) to enter alternative Futures tournaments before the deadline expires.
- ⁵ A player on more than one Main or Qualifying Draw at the time of the withdrawal deadline will be automatically withdrawn from all but one tournament according to his priorities (except that a Main Draw place always takes priority over a place in Qualifying), which he will then be committed to.
If a player withdraws from a Main or Qualifying Draw after the withdrawal deadline, i.e. once he has been accepted into and is therefore committed to the tournament, it will be classed as a **late withdrawal** and he will be penalised in accordance with the ITF Pro Circuit Code of Conduct.



2009 USTA PROFESSIONAL CIRCUIT CONSENT AND WAIVER FORM

I, ,

in consideration of acceptance of my entry to the United States Tennis Association (“USTA”) 2009 Professional Circuit (“Professional Circuit”), understand and agree to the following:

1. The USTA shall have the right in perpetuity, for the purpose of the promotion and/or the advertising of tennis or any Professional Circuit event in which I play, to use my name, photograph, likeness, biography, voice or other identification, in print, film, radio, television, Internet and/or any other media and in all other publicity and promotional materials and media, including the right to use and/or sublicense such right to use the same on event posters, photos, programs, merchandise and other materials. The USTA shall have the right in perpetuity, without additional compensation, to make, use, show and/or license for any and all purposes, in a commercial and/or non-commercial manner, still pictures, motion pictures, live or delayed on television and/or any other media, including the Internet, of me taken during a Professional Circuit event. However, notwithstanding anything set forth herein, the use of my identification (e.g. name, photograph, likeness, biography, voice, etc.) shall not be identified as or represented to be an endorsement by me of any product, service or company.
2. As a condition of my participation on the Professional Circuit, I, for myself and my executors, administrators, heirs, personal representatives, successors and assigns, waive any and all claims of any kind, nature and description, including past, present or future claims and injuries, if any, sustained in traveling to or from or participating in any Professional Circuit event and/or any of its related activities and/or while in the location of any Professional Circuit event, as against the USTA, ITF, ATP, WTA, promoters, sponsors, television licensees, vendors, venues, local organizers and others connected with such Professional Circuit events, including their employees, officers, directors, volunteers, and representatives.
3. I am aware and accept that I am strictly prohibited, directly or indirectly through others, from: (a) wagering anything of value in connection with the Professional Circuit; and (b) offering or receiving anything of value to or from any person with the intent to influence any player’s efforts in the Professional Circuit.
4. The USTA and I shall at all times be independent contractors and my agreement to participate on the Professional Circuit shall not in any way create or form an employer-employee relationship or a partnership or joint venture between us.
5. As a condition of my participation on the Professional Circuit, I hereby authorize medical personnel (including trainers and tournament doctors) to provide medical or diagnostic services to the player in the event that the player becomes ill or sustains an injury in connection with player's participation in the Professional Circuit.
6. The Men’s Futures Satellite events and all Women’s events on the Professional Circuit are governed by and conducted pursuant to the regulations promulgated and amended from time to time by the ITF (“ITF Regulations”). The ITF Regulations include a Code of Conduct and an extensive provision relating to drug testing and other medical examinations. If applicable, I agree to be bound by the ITF Regulations, a current copy of which will be made available to me upon request. The Men’s Challenger events on the Professional Circuit are governed by and conducted pursuant to the regulations promulgated and amended from time to time by the ATP (“ATP Regulations”) which also include a Code of Conduct and an extensive provision relating to drug testing and other medical examinations. If applicable, I agree to be bound by the ATP Regulations, a current copy of which will be made available to me upon request.

READ AND AGREED:

Player Signature

Date of Birth

Date of Signature

Signature of Parent(s)/Guardian(s) (if under 18)



Authorization for Release of Protected Health Information

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that you, or your legal representative, consent in writing to the disclosure of your protected health information, including your medical records. By signing this form, your protected health information can be given to the individuals and/or entities listed on this form, for the reasons listed in this form.

Please read all statements on this form carefully, as it describes your rights regarding the use or disclosure of your protected health information and medical records that are subject to this authorization.

I, the undersigned, authorize any USTA Pro Circuit Trainer and/or USTA Pro Circuit Tournament Doctor that provides medical treatment to me during any USTA Pro Circuit event (the "Covered Entities") to disclose to designated USTA representatives, any USTA Pro Circuit Trainer, and/or any USTA Pro Circuit Tournament Doctor the following protected health information: medical records and treatment logs that contain information with respect to any treatment and/or medical services provided to me at a USTA Pro Circuit event.

The protected health information and medical records covered by this authorization may be used for the following purposes: for USTA, USTA Pro Circuit Trainers and/or USTA Pro Circuit Tournament Doctors at each of the USTA Pro Circuit events during this calendar year (January 1, 2009 to December 31, 2009) to provide continuity of medical treatment and player care. This authorization will remain effective until December 31, 2009.

I understand that I have the right to revoke this authorization, in writing, at any time (except to the extent that the Covered Entities have acted in reliance upon this authorization) by sending notification by secured carrier to: *Chief Legal Officer, USTA, 70 West Red Oak Lane, White Plains, NY 10604*. I understand that a revocation will prevent the Covered Entities from further use or disclosure of my protected health information, but it will not retract the uses or disclosures that have already been made pursuant to the authorization.

I understand that the protected health information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization.

I understand that the Covered Entities cannot condition my treatment based upon whether I sign this authorization.

I understand that I have the right to inspect and copy the protected health information and medical records covered by this authorization.

I understand that I have the right to receive a copy of this authorization.

By signing below I acknowledge that I have read and understand my rights relating to this authorization for the use or disclosure of my protected health information and medical records.

Print Name

Signature

Date

Signature of Parent(s)/Guardian(s) (if under 18)