

UNSW Fitness & Aquatic Centre – Social Sports
Badminton Doubles

Please circle: Captain / Individual

First Name _____ Surname _____ Date of Birth ____/____/____

Team Name: _____

Phone _____ Email _____

TEAM HISTORY

Has you played Badminton before: Yes No

If Yes, where: _____ Level Played: _____

SURVEY

How did you hear about our competition?

Played here previously Friends

Internet Flyer

Other, please specify: _____

Prepayment: Total team registration fee: \$100 (10 weeks competition)

Please debit my credit card \$ _____ (MasterCard or Visa only)

Card #: _____ / _____ / _____ / _____

Expiry Date: Month _____ Year _____

Terms and Conditions

1. I understand that the sport competition has certain risks. I take it upon myself to discuss any changes in my current health with a doctor and advise UNSW Fitness & Aquatic Centre staff.
2. I have to the best of my knowledge provided accurate information regarding my current health status.
3. I understand that it is recommended that all people over the age of 50 have a medical check-up prior to participating in any sports and physical activity.
4. Whilst I understand that all care will be taken for my safety by the Centre staff, I participate at my own risk.
5. I understand that injury(s) is a part of sport. I will not hold UNSW Fitness & Aquatic Centre responsible for any accident or injury that occurs whilst participating in the sports competition games and programs.
6. I will inform in writing the YMCA programs coordinator about any health problems.
7. I need to get my own health insurance to cover myself for any injuries or accidents occurred playing sports.
8. The team captain is responsible that all their players sign the team nomination form and understand the terms & Conditions of the competition.

I have read and understood the terms and conditions for YMCA Indoor Sports Competition as stated above.

Signature _____ Date ____/____/____

UNSW Fitness & Aquatic Centre

Proudly managed by the Y NSW

P High St, Kensington NSW 2052

T 02 9385 4881 F 02 9385 6119

E Programs.UNSW@ymcansw.org.au W unsw-ymca.org.au

TEAM NOMINATION FORM

Team: _____ Sport: _____ Day: _____

TEAM TYPE: (circle) COMPLETE TEAM INDIVIDUAL PLAYER

Player Name	Email	Mobile	Signature
1.			
2.			

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By signing this form each player agrees to have read and understood the terms and conditions and to abide by these at all times. Failure to do so may result in withdrawal from the competition.