



NSA Squash League 2018-2019

ENTRY FORM

I apply for entry to the **NSA Squash League 2018-2019** and undertake to comply with all rules and regulations of the tournament.

NAME:

NSA REGISTRATION NUMBER:

I.D. NUMBER:

DATE OF BIRTH:

HEALTH CERTIFICATE:

EXPIRING DATE:

DISCLAIMER

I hereby declare that I comprehend the need for acquiring a valid health certificate from Cyprus Sports Authority (ASYA/KOA) for me / my child, as a requirement for participating in the **NSA Squash League 2018-2019**. Still, choosing not to do so, I submit this statement relieving the organizers and sponsors from any responsibility for accidents and injuries that might occur during the event.

Players enter the Tournament at their own risk. The Nicosia Squash Association, the Cyprus Squash Association and the sponsors DO NOT accept any responsibility for either injury arising from participation, or loss of property in this event.

Signature:

Date:

In the case of minor, Parent or guardian should sign.