



NSA Handicap Squash Tournament 2017-18

ENTRY FORM

I apply for entry to the **NSA Handicap Squash Tournament 2017-18** and undertake to comply with all rules and regulations of the tournament.

Name:			
Tel:		E-mail:	
Health certificate number:	*	Expiring Date:	*
Signed:		Date:	

* All players are encouraged to hold a valid Health Certificate. Otherwise they should submit the following **Disclaimer**. It is clearly stated that, players enter the Tournament at their own risk. Neither the Nicosia Squash Association nor the Cyprus Squash Association and the sponsor accept any responsibility for either injury arising from participation, or loss of property in this event.

Please select:

I enclose the amount of €25 being the entry fee for the event.

I own the "All Inclusive" package that includes this event.

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 Handicap Squash Tournament 2017-18**. 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.

Name:

ID/Passport number:

Signature*:

Date:

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

Deadline for entries – Thursday September 7th, 2017