

## ENTRY FORM

I apply for entry to the **NSA Handicap Squash Tournament 2019-20** and undertake to comply with all rules and regulations of the tournament.

NAME:

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I.D. NUMBER:

DATE OF BIRTH:

CONTACT:

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\*HC NUMBER:

\*HC EXP. DATE:

NSA REG. NUMBER:

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**\*IF A HEALTH CERTIFICATE IS NOT PRESENTED (HC) THE FOLLOWING DISCLAIMER IS REQUIRED FOR PARTICIPATION.**

*Please select:*

I enclose the amount of €30 being the entry fee for the event – for seniors

I enclose the amount of €20 being the entry fee for the event – for juniors

I own the “All Inclusive” package that includes this event– for senior members

## DISCLAIMER

I hereby declare that I comprehend the need for acquiring a valid health certificate from Cyprus Sports Organization (ASYA/KOA) for me / my child, as a requirement for participating in the **NSA Handicap Squash Tournament 2019-20**. 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.

Signature: .....

Date:.....

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

**Deadline for entries – Friday September 13<sup>th</sup>, 2019**