

UC CAPS CORPORATE CUP REGISTRATION FORM



EVENT INFORMATION

Date:

Location:

Time:

Cost:

Rules:

TEAM INFORMATION

Team Name:

Team Captain:

Captain's Phone:

Captain's Email:

PLAYER 1

Name:

Age:

D.O.B:

Gender:

Address:

Phone:

Email:

Signature:

(Parent/Guardian to sign if under 18 years of age)

PLAYER 2

Name:

Age:

D.O.B:

Gender:

Address:

Phone:

Email:

Signature:

(Parent/Guardian to sign if under 18 years of age)

PLAYER 3

Name:

Age:

D.O.B:

Gender:

Address:

Phone:

Email:

Signature:

(Parent/Guardian to sign if under 18 years of age)

PLAYER 4

Name:

Age:

D.O.B:

Gender:

Address:

Phone:

Email:

Signature:

(Parent/Guardian to sign if under 18 years of age)

PLAYER 5



Name:

Age: D.O.B: Gender:

Address:

Phone:

Email:

Signature:

(Parent/Guardian to sign if under 18 years of age)

INDEMNITY

By signing this form all players accept responsibility for their conduct at the tournament. University of Canberra Capitals reserves the right to disqualify and eject any individuals and/or teams that behave in an unsportsmanlike manner. Players are also acknowledging that they are medically able to participate in the basketball event. They understand that there are risks which may include injury in this sport and agree to familiarize themselves with all equipment, facilities, rules and physical demands related to the activities undertaken. All players agree to hold University of Canberra Capitals free of any liability and its respective officers, employees, members, volunteers, board members and sponsors. By signing this form, all players, waive and release and forever discharge any and all rights and claims for damages which could take place during the tournament.

PAYMENT

Cardholder's Name

Card Number

Expiry /

CVC

SUBMISSION AND ENQUIRIES

Please submit your registration form and direct all enquiries to the UC Capitals Sponsorship Manager:

Dale Bertram on 0421 573 752
or dale.bertram@canberra.edu.au

