

NEW YORK MALAYALEE SPORTS CLUB

A non-profit organization promoting sports among the youth

7TH Annual NYSmashers Badminton Tournament 2018

Queens high School of Teaching at Frank Padavan Campus
76-20 Commonwealth Blvd, Bellerose, NY

25th August 2018

REGISTRATION FORM Team Player Info:

Player 1 _____ - Name:
_____ Signature: _____

Address: _____

Email: _____ Ph#: _____

Player 2 - Name: _____ Signature: _____

Address: _____

Email: _____ Ph#: _____

Club Affiliation (if any): _____

NYMSC-NYSmashers Badminton Tournament Assumption of Risk, Release and Waiver of Liability

By signing this form, a) I agree that my participation is strictly voluntary. b) I agree NOT to hold NYMSC responsible for any risk of injury, illness, damages or loss to you or your property. c) I agree to release and discharge NYMSC, its officers and the facility from any and all claims or causes of action and hereby release NYMSC from any and all liability for injury whether the result of any act, omission or negligence of the club or any other person. d) I understand and agree that medical insurance is my responsibility. E) In case of accident, emergency or illness, or other incapacity which occurs while I am using the property, facility, equipment, I give permission to be treated by a medical professional and admitted to a hospital, if necessary. I understand and agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses. f) I agree to attend the introductory meeting that will be held prior to the start of the games on 08/25/2018. g) Team must consist of 2 players and malayalee origin. h) All NYSmashers active members are eligible to participate in the tournament I) All decisions by the NYMSC Badminton Committee will be final and are not subject to further review or appeal. J) I agree to pay the registration fee of \$35/person. K) Last Date for Registration: **18th August 2018.**

Player 1 Name: _____ Signature: _____ Date: _____

Player 2 Name: _____ Signature: _____ Date: _____

For further details, please contact

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