

REGISTRATION FORM

Name: _____
(Surname) (First name) (Middle Name)

Gender : Male Female

Date of Birth Year/Month/Date: ____/____/____

Address: _____

City/State/Zip: _____

Country: _____ Nationality: _____ Passport No: _____

Phone (w): _____ Phone (h): _____

Divisions: (choose one event only)

| Age | Men | Women | Age | Men | Women |
|---------|--------------------------|--------------------------|---------|--------------------------|--------------------------|
| 35 - 39 | <input type="checkbox"/> | <input type="checkbox"/> | 45 - 49 | <input type="checkbox"/> | <input type="checkbox"/> |
| 55 - 59 | <input type="checkbox"/> | <input type="checkbox"/> | 65 - 69 | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 - 44 | <input type="checkbox"/> | <input type="checkbox"/> | 50 - 54 | <input type="checkbox"/> | <input type="checkbox"/> |
| 60 - 64 | <input type="checkbox"/> | <input type="checkbox"/> | + 70 | <input type="checkbox"/> | <input type="checkbox"/> |

A player is eligible to play in her/his respective category if s/he is over the specified age during the date of the event.

T-Shirt Size: S M L XL XXL

NEPAL SQUASH RACKETS ASSOCIATION

P.O. Box 257. Satdobato, Lalitpur, Nepal.

Tel. +977 1 5201898, Fax.: +977 1 4227068

Web.:

I agree that in consideration for being allowed to utilize NSRA facilities, I will assume the risk and full responsibility for any and all injuries, losses, death, costs, or other damages, that might occur to me and/or to my family while on the premises of NSRA or participating in any off-site NSRA program or activity; and to the maximum extent allowed by law, I agree to waive and release any and all claims, suits, or related causes of action against NSRA. I further agree to release, indemnify, defend and hold NSRA harmless from any liability whatsoever for future claims presented by my children for any injuries, losses or damages to themselves or any family member or registered domestic partner. If any term of this waiver and release shall be found illegal, unenforceable or in conflict with any applicable law, the validity of the remaining portions shall not be affected thereby.

Signature _____ Date _____

- Participants and accompanying members are advised to obtain medical insurance policy.