TEAM - OFFICIAL LOSS OF INCOME COVER REGO FORM

COMPETITIONS

TEAM NAME:	**TOURNAMENT AREA:**
TEAM DELEGATE:	**TOURNAMENT DATES:**
DELEGATE'S ADDRESS:	**DIVISION: MENS WOMENS MIXED**
EMAIL:	
CONTACT NUMBERS: (HM) (WK)	**(MOB)**

Indemnity: *We the below signed hereby declare and agree that we are participating in the OZTAG Tournament at our own free will & entirely at our own risk. We agree to abide by al rules as determined by the organisers. We further warrant that we are in a fit state of health to play and understand that while risk management strategies are in place at our venue, I participate in Oztag knowing that injuries may still occur.*

Signature: *All players have signed this registration form confirming that they have read and understood the Insurance Cover for Players on the reverse of this sheet as well as Conditions of Play. Any player that has not signed or paid their Individual Registration Fee understands that they are not a Registered player and can not claim Insurance.*

TEAM DETAILS

PRINT FULL NAME	OFFICE	ADDRESS (inc P/C)	PHONE NO.	DOB	SIGNATURE

Personal Accident Insurance For Oztag Teams

Limit any one injury (whilst playing Oztag) in this tournament of $500 per week (limited to 52 weeks in total with an excess of 14 days)
This cover is over and above any existing cover offered by Oztag. Premium per team = $99

PLEASE FORWARD A COPY OF THIS REGISTRATION FORM ALONG WITH PAYMENT OF $99 gst inclusive PER TEAM (prior to the commence of the tournament) **to:**
SureFinity QLD PO BOX 421 NORTH LAKES QLD 4509 PHONE 1300 450 663 FAX 07 3886 2615 Email admin@surefinity.com.au

Payment can be paid by either cheque or Credit Card	Credit Card Details: Name on Card_____ Card No:_____ Expiry Date:_____ CCV No:_____