



# Badminton Fall 2007 Doubles Tournament

November 4, 2007

**EVENTS:** Men, Women, Mixed & Under 16 years old

*Players may enter a maximum of two events.*

**DIVISIONS:** Beginners & Open

*Only players with no prior tournament experience or OSU PAC (Physical Activity Course) are eligible to enter the Beginners Division.*

**LOCATION:** Langton Hall Gym [LANG 300] Oregon State University, Corvallis, OR

**SCHEDULE:** Sunday, November 4th, 2007

**8:30 AM:** Registration for **ALL Beginners Divisions & Under 16**; Warm up

**9:00 AM:** Beginners Divisions & Under 16 Tournament

**10:00 AM:** Registration for **ALL OPEN DIVISIONS**; warm up

**FORMAT:** Open Division - Drop Flight

**Beginners Division/ Under 16-** Pool Play followed by Bracket Play

**DEADLINE:** Must be postmarked by **October 29, 2007**. Each player must submit one entry form.

Late entries will be accepted only if space is available.

**ENTRY FEES:**

	First Event	Additional
BOS Member, OSU Student/Faculty/Staff	\$ 5.00	\$ 5.00
Under 18	\$ 5.00	\$ 5.00
Other (Non-Member)	\$ 10.00	\$ 5.00
<b>Late Registration</b>		
BOS Member, OSU Student/Faculty/Staff	\$ 10.00	\$ 5.00
Under 18	\$ 10.00	\$ 5.00
Other (Non-Member)	\$ 15.00	\$ 5.00

One shuttlecock is provided for each match. Additional shuttles may be bought for \$1.50 each.

**Contact:** Iviee Li

Website: <http://oregonstate.edu/groups/bos>

Phone: (971) 322-3855

Email: [badmintonclub@oregonstate.edu](mailto:badmintonclub@oregonstate.edu)

**Notes:** Events, scheduling and prizes are subject to change based on entries.

Directions/map to the event location may be downloaded from BOS' website.

Flyers may be picked up at the Sports Club Office at Dixon or download from BOS' website.



# Badminton Fall 2007 Tournament

## Tournament Entry Form

Please indicate the event(s) you are entering:

Division	Beginner	Open	Partner's Name (or "Find One for Me")
<b>MEN</b>			
<b>WOMEN</b>			
<b>MIXED</b>			
<b>UNDER 16</b>			

Personal Information:

Name (Please Print Legibly): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

**IMPORTANT:** Please include your email and phone number. An email or phone call will be made to notify you of your starting time **two days prior to the date of the tournament**.

**Entry Fees:**

First event \$ \_\_\_\_\_

Additional events \$ \_\_\_\_\_

**Total Enclosed** \$ \_\_\_\_\_

*Make checks payable to:* **OSU Badminton Club**

*Send to:* **OSU Badminton Club**

**c/o OSU Sports Clubs**

**204 Dixon Recreational Center**

**Corvallis, OR 97331**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature (if under the age of 18): \_\_\_\_\_



## **Badminton Fall 2007 Tournament**

### **Oregon State University Assumption of Risk and Liability Waiver**

I, the undersigned have registered for the Department of Recreational Sports **Badminton Fall 2007 Tournament**, offered by the Oregon State University Department of Recreational Sports. I understand that participation in this event involves a certain degree of risk and danger. I fully and voluntarily accept these risks. I hold Oregon State University, the Department of Recreational Sports, and all of their officers, agents, and employees harmless for any liability associated with my actions or the actions of a third party in the event that I suffer either injury, death or property damage while participating in the event. The undersigned further states that he or she does not possess any health problems or physical limitations that he/she or his/her doctor feels would restrict their active participation or the safety of others in this event. I also agree to abide by any decisions of an appointed medical official relative to my ability to safely continue or compete in the event. I further assume and will pay my own medical and emergency expenses in the event of accident, illness, or other incapacity regardless of whether I have authorized such expenses. **I have read this waiver carefully, understand it and submit to the terms and conditions of the waiver, as indicated by my signature below.**

Name (Printed) \_\_\_\_\_

Age \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If under age 18, parent or guardian signature required: \_\_\_\_\_