



BADMINTON OTAGO

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www.badmintonotago.org.nz

ACCESS / LIGHT CARD APPLICATION FORM

****Identification will be requested before this application will be processed.****

This form must be completed by a parent / guardian if applicant is under 18 years of age.

A \$20 (non refundable) set up fee must accompany all New applications.

Name:			DOB:	
Address:				
Occupation:			Employer:	
Phone:		Work:		Mobile:
Email:				
Affiliated Club:			Password: (4 numbers)	
Child's Name:			DOB:	

Declaration:

1. All details provided are true and correct.
2. I am 18 or over years old or I am the above child's legal parent or guardian.
3. I understand that this card is not transferable and I will not let anyone use it while I am not present.
4. The appropriate use of my card and the facilities are my responsibility. I will be liable for any damages caused by myself or others accessing the building with me. Any damages will be reported immediately.
5. I will abide by the rules of Badminton Otago.
6. If my card is lost or stolen, I will inform Badminton Otago immediately.
7. I understand that a fee of \$20.00 will be charged for a replacement card.
8. If I am the last person to exit the facility, I will ensure that lights are out/ doors shut where appropriate.
9. I agree to an annual administration cost of: Affiliated Member \$10, non affiliated \$20 being debited to my account on the 31st of September each year.
10. I understand that money credited to this card is non-refundable and non-transferable.
11. I understand if I do not use my card for a period of 2 years, it will be deactivated and if I wish to reactivate it I will have to pay any outstanding money owing. I may also have to pay a reactivation fee.
12. I agree NOT to play on an unlit court at any time.
13. I understand that if any of the above conditions are breached my card may be deactivated and I may lose any unused credit.

Privacy: I consent to the collection of the above information by Badminton Otago. I understand that I have the right to access and request correction of the information that I have provided. I understand that the above information may be passed on to Badminton Otago sponsors and Badminton NZ unless indicated in the box below.

I do not wish to have my information provided to third parties. []

I would like to receive emails from Badminton Otago with news/ upcoming events **YES / NO** (please delete one)

Signed:

Date: / / 2011

Office Use	Card No:	Date Loaded:
	Identification:	Affiliation Confirmed Yes / No
	Payment Type & Amount	Receipt No: