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LIGHT SWIPE CARD APPLICATION FORM 2019

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

Your contact details

Name:		DOB:	
Address:			
Occupation:		Employer:	
Phone:	Work:	Mobile:	
Email:			
Club member of:		Password for online bookings (4 numbers)	
Child's Name:		DOB:	

- I am a returning member and already have a swipe card. The number is _____.
- I am applying for a new swipe card.

For our records

Email is the OBA's preferred communication. Is it yours, too?

- Yes (and I agree to receive newsletters from the OBA. I can unsubscribe at any time.)
- No, instead my preferred method is:

I use Facebook. Yes No

I play in grade A B C D Don't know

I am interested in (tick all that apply):

- Juniors
- Club Play
- Training groups
- Masters
- Interclub
- Learning coaching skills
- Senior Rep
- Coaching
- Social events

I am happy to help out with running club nights (roster duty) Yes No

How did you hear about the OBA or the club you're joining?

- Through a friend
- Radio
- Ad in newspaper
- Returning member
- Saw a poster
- Other:

Please turn over

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 \$200.00 will be charged for a replacement card.
8. If I am the last person to exit the facility, I will ensure that the lights are out / doors shut where appropriate.
9. I agree to an annual administration cost of: club members \$10, non-club members \$20. This will be 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.

Signed:

Date: / /

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