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LIGHT SWIPE CARD APPLICATION FORM 2021

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):

- | | | |
|--|---|--|
| <input type="checkbox"/> Juniors | <input type="checkbox"/> Masters | <input type="checkbox"/> Senior Rep |
| <input type="checkbox"/> Club Play | <input type="checkbox"/> Interclub | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Training groups | <input type="checkbox"/> Learning coaching skills | <input type="checkbox"/> 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 are joining?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Through a friend | <input type="checkbox"/> Ad in newspaper | <input type="checkbox"/> Saw a poster |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Returning member | <input type="checkbox"/> 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 \$20.00 will be charged for card.
8. I understand that a fee of \$20.00 will be charged for a replacement card.
9. If I am the last person to exit the facility, I will ensure that the lights are out / doors shut where appropriate.
10. 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.
11. I understand that money credited to this card is non-refundable and non-transferable.
12. 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.
13. I agree NOT to play on an unlit court at any time.
14. I understand that if any of the above conditions are breached my card may be deactivated and I may lose any unused credit.

15. I agree to the "Updated Playing and Booking Conditions June 2020" (also available on the OBA website)

14a. I agree, as outlined in 14 above, that it is my responsibility as the booking card holder to fill in the COVID-19 contact details for all people that enter the Hall under my booking and post this form in the Hall office slot at the time of the booking or use the COVID-19 Tracer QR code displayed on the door.

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: