

Adaptive Athletics at University of Houston

Wheelchair Rugby SMASH Tournament

November 9th 2013

Organization Name: _____

Team Name: _____

Address: _____

Contact Person: _____

Phone: _____

How did you hear about the tournament? _____

Name:	Phone:	Shirt Size:

Publicity and Photography

Occasionally the Organization may take and use images of players to promote and report on the Tournament in the local press, website etc.

I agree for tournament officials to refer to our team member's name in reports given to the local press/tournament publications/website.

I agree for the tournament officials to take pictures of my team and use in local press/tournament publications/website.

I agree for the tournament officials to video record my team playing rugby to use in the local press/tournament publications/website.

Data Protection Act 1998

By signing below I agree that Adaptive Athletics at University of Houston may hold the personal information about my team that I have given for the purpose of administering the registration of players.

Signature:_____

Date:_____

Payment

Please make all checks payable to:

**Adaptive Athletics
3855 Holman St. Garrison Room 104X
Houston, TX 77204**

Register and Pay on or before October 27th 2013 to pay \$300 for min. of 4 players to max. 8 players.

Register and Pay after October 27th 2013 to November 4th 2013 to pay \$375 for min. of 4 players to max. 8 players.

For more information, please contact Michael Cottingham at mcotting@central.uh.edu.