



2009 KIN ON BADMINTON TOURNAMENT

Saturday, July 18, 9am to 6pm

Spartan Recreation Center

18560 First Avenue NE Shoreline, WA 98155 (206) 801-2600

Thank you for participating in the 2009 Kin On Sports Tournament. Proceeds from this event directly benefit Kin On Community Health Care in providing culturally and linguistically appropriate long-term care services to Asian seniors and families in the Puget Sound Region. Visit www.kinon.org to learn more about Kin On!

ENTRY FEE: \$350 per team including one Kin On Sports Towel and one Awards Dinner ticket per participant. Shuttlecocks will be provided. Friends and family (non-players) are welcome to join the Awards Dinner for \$20 per guest. Dinner tickets available online at www.kinon.org/sports.htm.

REGISTRATION: Please mail Team Registration form and Consent/Release form (with signatures from all players) along with payment (check payable to Kin On) to **Patrick & Katherine Ip (3728 170th Ave NE, Bellevue WA 98008) by June 1, 2009.**

SCHEDULE: All participants must register at 9am. Games will begin at 9:15 am.

TEAMS: Maximum registration: 12 teams. Maximum 10 players per team. Teams can be a mix of juniors and adults.

PRIZES: Awards will be presented to winning teams at the Awards Dinner

AWARDS DINNER: All players and friends/family are welcome to join the **Awards Dinner on July 19, Sunday, 6:30pm at Tea Palace Restaurant** (2828 Sunset Lane NE Renton, WA 98056 (425) 277-8600). Non-player dinner ticket (\$20 per guest) available online at www.kinon.org/sports.htm.

QUESTIONS? Contact Patrick/Katherine Ip, 425.867.0220, pkcip@att.net



2009 Kin On Badminton Tournament

Team Registration & Consent/Release Form

All players must read and sign the consent & release form to be eligible to participate.

Team Name: _____ Captain's Name: _____

Captain's Email: _____ Captain's Phone: _____

Captain's Address: _____

	Full Name	Division		Gender		Level	
		18 or over	Under 18	M	F	Competitive	Novice
Captain							
Player 2							
Player 3							
Player 4							
Player 5							
Player 6							
Player 7							
Player 8							
Player 9							
Player 10							

The undersigned declares that he/she is in good health and in proper physical condition to participate in the 2009 Kin On Badminton Tournament (the "Tournament") held at Spartan Recreation Center on July 18, 2009. The Tournament is sponsored by Kin On Community Health Care as a fund raising activity.

The undersigned understands that by participating in the Tournament, he/she will engage in potentially dangerous endeavors exemplified by, but not limited to, running, jumping, physical contact, etc. The undersigned understands and acknowledges that he/she may incur personal or bodily injury while participating in the Tournament. Accordingly, he/she assumes all risks inherited in his/her participation and accepts full and complete responsibility for any and all injuries of any kind.

The undersigned hereby specifically releases Kin On Community Health Care, Kin On Health Care Center, and their respective directors, officers, employees, agents and contractors from any liability whatsoever in connection with any injuries that he/she might suffer as a result of his/her participation in the Tournament.

The undersigned hereby grants to Kin On Community Health Care, its licensees and contractors including photographers, volunteers rights to take pictures and videotapes to post on Kin On's web site and its newsletters, all without remuneration or compensation to the undersigned whatsoever.

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Player's Name	Player's or Guardian's (if under 18) Signature	Date Signed	Emergency Contact	Emergency Phone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



INDIVIDUAL SPONSORSHIP FORM

Each player is encouraged to seek sponsorships in support of Kin On Community Health Care. All donations are tax deductible (Tax ID: 91-1286273). Gift receipts will be mailed to donors who provide contact information. Please complete and submit this form along with money collected on your event date. If you have more sponsors than space available, feel free to make copies of this form. Thank you!

Solicitor's Name: _____ Sport: _____

Donor Name	Contact Info	Address	Amount
1	Phone: Email:		\$
2	Phone: Email:		\$
3	Phone: Email:		\$
4	Phone: Email:		\$
5	Phone: Email:		\$
6	Phone: Email:		\$
7	Phone: Email:		\$
8	Phone: Email:		\$
9	Phone: Email:		\$
10	Phone: Email:		\$
11	Phone: Email:		\$
12	Phone: Email:		\$
13	Phone: Email:		\$
14	Phone: Email:		\$
15	Phone: Email:		\$
TOTAL			\$

*Thank you for partnering with us to support Kin On in serving the Asian elderly community!
For more information about Kin On, please visit www.kinon.org.*