

**Midwest Badminton Association Don Ross Memorial Tournament**  
**Friday August 13 - Sunday August 15, 2010**  
**Louisville, Kentucky**

Sanctioned by USA Badminton. USAB Rules: When you register, you MUST sign USAB release form. You MUST show your USAB membership card or pay \$30 fee.

Location University of Louisville Student Activities Center, Louisville, Kentucky 40292

Open Events Open (any age) Men's and Women's Singles, Doubles, and Mixed Doubles.  
Open Format ABCD Drop Flight

Senior Events Jr-Sr (35+), Sr (40+), Master (50+), Grandmaster (60+), Golden Master (70+), Platinum Master (80+)  
Men's and Women's Singles, Doubles, and Mixed Doubles.

Senior Format "A"- Consolation 4 entries or more, Round-Robin 3 entries.

Entry Fee \$25 for the first event, \$15 for each additional event. Max. 6 events.

**Entry Deadline** Entry form must be postmarked by **July 15, 2010**.  
NO LATE ENTRIES ACCEPTED! Payment MUST be included with entry form.  
**No refunds after August 5, 2010!**

Schedule Fri. August 14 6:00pm Registration  
6:30pm Men's and Women's Singles  
Sat. August 15 8:30am Registration  
9:00am Men's and Women's Doubles  
Open Mixed Doubles after Doubles  
Sun. August 16 Finals

**Open schedule will take precedence over Seniors schedule!**  
**If you enter more than three events, be prepared to play back-to-back matches!**

Mail entries to **Dawn Patel, 5390 State Rd. 37 N, Martinsville, IN 46151**  
Make Checks Payable to: **Midwest Badminton Association**

Questions Call Bharat Patel, Cell 317-506-1196 (use in emergency and tournament days)  
Or email [dlbpatel@gmail.com](mailto:dlbpatel@gmail.com)

Lodging Hilton Garden Inn Louisville – Airport. 2735 Crittenden Drive, Louisville KY 40209.  
Tournament rate \$79.00 + Tax for up to 4 people. 502-637-2424. Breakfast buffet coupon for \$5.95 per person. **Cutoff date July 14, 2010**. You must phone hotel direct for this rate at and ask for the group code Don Ross Memorial rate.

Directions Follow this link <http://louisville.edu/admissions/visit/directions>.  
From I-65(Southbound), take the Arthur St. exit (#134) - go straight to the first stop sign and turn right on to Brandeis St. and follow it to the Student Activities Center, which is located at the corner of Floyd St and Brandeis. Look for the Clock Tower atop the Student Activities Center.

Gym Rules Facility access: Main Cardinal Arena Entrance Floyd Street  
Parking: Floyd Street garage \$3.00 per car  
NO Coolers, food or beverages permitted in the Recreational Center areas (sealed water bottles only)  
NO alcohol or tobacco banners  
NO smoking permitted inside University facility

**Midwest Badminton Association Don Ross Memorial Tournament - Entry Form**  
**Friday August 13 - Sunday August 15, 2010**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_ Cell \_\_\_\_\_  
 USAB# \_\_\_\_\_ Exp Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M / F  
 Email: \_\_\_\_\_ Home Club \_\_\_\_\_

	Singles			Doubles				Mixed Doubles
	Men		Women	Men		Women	Partner	Partner (or Request male, female)
Open	___	ABCD	___	___	ABCD	___	_____	_____ ABCD
35+	___	ABCD	___	___	ABCD	___	_____	_____ ABCD
40+	___	ABCD	___	___	ABCD	___	_____	_____ ABCD
50+	___	ABCD	___	___	ABCD	___	_____	_____ ABCD
60+	___	ABCD	___	___	ABCD	___	_____	_____ ABCD
70+	___	ABCD	___	___	ABCD	___	_____	_____ ABCD
80+	___	ABCD	___	___	ABCD	___	_____	_____ ABCD

**Rate your ability for each event by circling the proper letter. This will help us make the draw.**

Adult Unisex T-Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

Ladies T-Shirt Size : S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

Total Events entered: \_\_\_\_\_ \$25 for the first event, \$15 for each additional event. Max. 6 events.

Applicable USAB fees: \_\_\_\_\_ \$30 regular USAB fee (must pay if you don't have USAB#)

Extra T-Shirts \$5 each: Total \$ \_\_\_\_\_ Adult Unisex S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

Extra T-Shirts \$5 each: Total \$ \_\_\_\_\_ Ladies S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_ Maximum of 6 events.

Make checks payable to: **Midwest Badminton Association**

Mail to: **Dawn Patel, 5390 State Rd. 37 N, Martinsville, IN 46151** postmarked by **July 15, 2010**

Waiver: It is agreed that all entrants waive any and all claims against University of Louisville, USA Badminton, and the Midwest Badminton Association for injury to themselves or others, or for property loss or damage incurred during this tournament.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 years old, parent or guardian signature required)

# WAIVER AND RELEASE OF LIABILITY



**Note: This form must be read and signed before the participant is permitted to take part in event sessions. By signing this agreement, the participant affirms having read it.**

In consideration of my involvement at the \_ Don Ross Memorial Tournament \_ under the auspices of USA Badminton, \_MBA, & U of L\_, I acknowledge, appreciate, and agree that:

1. I risk bodily injury, including paralysis, dismemberment, disability, and death, and while particular rules of the sport, equipment, and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to or loss of property.
2. I knowingly and freely assume all such risk; both known and unknown, even if arising from the negligence of the releases of others;
3. I willingly agree to comply with the state and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and refrain from participation; and
- 3a. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and promise not to sue USA Badminton, the committee, their sponsors, their officers, volunteers, staff, sponsors and/or agents, ("releasees") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the releasees, the condition of the premises or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law.
4. I agree to be bound by the rules and regulations of the International Badminton Federation and those of USA Badminton and I hereby stipulate that I am eligible to play in the events for which I am applying and that I understand that the above mentioned make no representation or warranty with respect to the condition of the premises or the operation of the event.
5. I hereby grant to USA Badminton, it's licensees and contractees including photographers, television and motion picture rights including to film or videotape me during matches, narratives, personal interviews, or comment thereon for any and all commercial, news or other purposes together with the right to transfer or grant their rights to others, all without remuneration or compensation to me whatsoever.

**I have read this Release of Liability and Waiver Agreement, fully and understand the terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. And I further acknowledge by there presents that I am aware that DRUG TESTING may occur at this event.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Membership Number

\_\_\_\_\_  
Participants Name (Printed)

\_\_\_\_\_  
Date of Signature

### For Participants of Minority Age

This is to certify that I/We as parent(s)/ guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself, ourselves and my/our child involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent(s)'s/ Guardian(s)'s Signature(s)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Participants Name (Printed)

\_\_\_\_\_  
Membership Number

Emergency Information

Contact: \_\_\_\_\_ Telephone No. \_\_\_\_\_