Finsura Insurance Broking (Australia) Pty. Ltd.
ABN 58 003 334 763
Australian Financial Services Licence Number: 243264

TEAM - OFFICIAL LOSS OF INCOME COVER REGO FORM

COMPETITIONS

OZTAG

TEAM NAME: | **COMPETITION AREA:**

TEAM DELEGATE: | **COMPETITION NIGHT:**

DELEGATE'S ADDRESS: | **DIVISION:** MENS WOMENS MIXED

EMAIL:

CONTACT NUMBERS: (HM) **(WK)** **(MOB)**

Indemnity *: We the below signed hereby declare and agree that we are participating in the OZTAG Competition at our own free will & entirely at our own risk. We agree to abide by all rules as determined by the organisers. We further warrant that we are in a fit state of health to play and understand that while risk management strategies are in place at our venue, I participate in Oztag knowing that injuries may still occur.*

Signature: *All players have signed this registration form confirming that they have read and understood the Insurance Cover for Players on the reverse of this sheet as well as Conditions of Play. Any player that has not signed or paid their Individual Registration Fee understands that they are not a Registered player and can not claim Insurance.*

SPORTSCOVER Accredited Broker

TEAM DETAILS

PRINT FULL NAME	OFFICE	RegoNo.	ADDRESS (inc P/C)	PHONE NO.	DOB	SIGNATURE

Personal Accident Insurance For Oztag Teams

Limit any one injury (whilst playing Oztag) in this competition of $500 per weeek (limited to 52 weeks in total with an excess of 14 days)
This cover is over and above any existing cover offered by Oztag. Premium pr team= $110

PLEASE FORWARD A COPY OF THIS REGISTRATION FORM ALONG WITH PAYMENT OF $110 gst inclusive PER TEAM (prior to the commencement of the competition) **to:**
Finsura Insurance Broking (Aust) Pty Ltd. PO Box 686 Castle Hill NSW 2154 or Fax to 9680 3023

Payment can be made by either cheque or Credit Card. **Credit Card Details:** ⟹ Name on Card _____
Card No. _____
Expiry Date