



2015 KIN ON BADMINTON TOURNAMENT

SAT, August 15, 7:45am-7pm | Bellevue Badminton Club

13405 SE 30th St #1c, Bellevue, WA 98005

Thank you for participating in the 2015 Kin On Sports Tournament. Proceeds from this event benefit the Kin On Expansion Project to include a new community center, assisted living facility, adult family home, and nursing home renovations (short-term rehab wing expansion and sun room). Visit www.kinon.org to learn more!

ENTRY FEE **\$400 per team of 10 players; \$40 per additional players**
Fees cover gym rental and shuttlecocks.

REGISTRATION Please mail Team Registration form and Consent/Release form along with payment (check payable to Kin On) to the following address by **July 15.**
Kin On Development Office
4416 S. Brandon St.
Seattle, WA 98118

Online registration available at <https://kinon.ejoinme.org/KinOnBadminton>

EVENT SCHEDULE

7:45am	Recreational - Registration & Team Photos
8:30am	Recreational - Games begin
12:30pm	Awards Presentation
1:00pm	Lunch & Exhibition
2:00pm	Competitive - Registration & Team Photos
2:30pm	Competitive - Games begin
6:30pm	Awards Presentation

QUESTIONS **Tournament Co-Chairs:**
Billy Chow Jenny Lam
Jon Chan Ann Tseng
Badminton@kinon.org

Kin On Fund Development Office:
206.721.3630 or development@kinon.org

WEBSITE Visit www.kinon.org for latest event information

Be sure to join us for the exhibition with two time World Champion and one time Olympic Gold medalist, Tony Gunawan!

Sponsored by:



BELLEVUE
BADMINTON CLUB





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Registration & Consent/Release Form

Team Name: _____ Captain's Name: _____

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

Captain's Address: _____

Team Level: ☐ Competitive ☐ Recreational

	Full Name	Division		Gender		Player's or Guardian's (if under 18) Signature**	Emergency Contact	Emergency Phone
		18 & +	Under 18	M	F			
Captain								
Player 2								
Player 3								
Player 4								
Player 5								
Player 6								
Player 7								
Player 8								
Player 9								
Player 10								

****All players must sign consent/release form before participating in the tournament.**

The undersigned declares that he/she is in good health and in proper physical condition to participate in the 2015 Kin On Badminton Tournament (the "Tournament") held at Bellevue Badminton Club on August 15, 2015. 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.

8th Annual 第八屆健安慈善運動會
Kin On Sports Tournament



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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. 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!