BINTANG BADMINTON CLASS REGISTRATION FORM

6780 SIERRA COURT, SUITE I, DUBLIN, CA

Student Name : _____

Phone Number: _____ Alternate Phone Number: _____

Email : _____

Emergency Contact: Name _____ Phone Number: _____

Note: Each class is limited to eight students. There will be 2-3 coaches. Class may be cancelled if less than 4 students are enrolled. A completed form with payment is required to guarantee spot.

Winter 2009 Dublin Class Registration

Class Day/Time: ____ **Saturday 4pm to 5pm**
Please select one ____ **Saturday 5pm to 6pm**

Tuition: **$175 for 6 lessons**

Payment Type:
□ Check (Please make checks payable to "Bintang Badminton")
□ Credit Card

For Office Use: □ payment received by _____ date received: _____ □ added to class roster by _____

Anticipatory Release of Future Claims / Express Consent Form

I am aware that Badminton is a sport, and I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death. In consideration of my participation, I hereby release Bintang Badminton, any of its coaches, instructors, administrators, volunteers or agents, and any other participant in the badminton academy, including but not limited to other team members or volunteers from any present and future claims, including negligence, property damage, personal injury, or wrongful death, arising from my participation in badminton academy activities. Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from my participation in badminton academy activities, including but not limited to negligence, property damage, personal injury, and wrongful death. I understand that badminton involves certain risks, including but not limited to, travel to and from the site of the activity, tournament or practice, possible physical contact with racquets or shuttlecocks, and the possible conduct of other participants. These risks also include but are not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles and internal organs. In addition, intense cardio vascular activities and conditioning may result in physical exertion. I also understand that badminton involves a particularly high risk of eye, head, knee, and ankle injury. I further understand that the badminton activities that I participate in may be conducted at sites that are remote from available medical assistance; and nonetheless agree to proceed with such activities in spite of the possible absence of medical assistance.

WAIVER OF LIABILITY

By signing below, I acknowledge that I have read and understand the Anticipatory Release of Future Claims/Express Consent Form appearing on the back of this registration form. Furthermore, I agree to give up legal rights and/or remedies which may be available to me, my parents or legal guardian, or any other party that may institute a claim on my behalf.

_____ _____ _____ _____
SIGNATURE OF STUDENT DATE SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

WINTER 2009 Dublin Class Schedule & Notes

Saturday's
1/3 Class
1/10 Class
1/17 Class
1/24 Class
1/31 Class
2/7 Class

NOTES:

* The winter session consists of 6 lessons, running from January to first week of February
* Class registration forms along with payment must be turned in by the 15th of the previous month to guarantee a space in the class for the following month.
* Please note that no credit will be given for missed classes.
* Siblings receive $10 discount per person.

***Please submit all questions/comments/suggestions to classes@bintangbadminton.org**