

## **JUNIOR AND ADULT CLASS REGISTRATION FORM**

## REGISTRATION INFORMATION

 $Registration is first come, first served. \ Email is the best opportunity for getting into the program of your choice!$ Call our office if you do not receive a confirmation email within 7 days of mailing/faxing your request.

	All clas	sses are based o eceived in full fo	n a maximum o or all sessions p	except for Bronze and A of 20 participants and m rior to first lesson. Shu akeup for classes misse	ninimum of 4. ttles are provided by SI	BC.	
EMAIL: coach@seattlebadminton.com	n.com PHONE-IN: Please call (425) 889- 5958 to reserve your spot during office hour.			nd form and payment 17th Pl NE, Kirkland,	<b>FAX IN:</b> Fax form to (425) 484-0015		WALK IN: Office Hours: Mon-Fri: 6pm - 10pm Sat: 10am - 7pm Sun: 10am - 6pm
Student Name:				☐ Member ☐ Non-Member	New Student ☐ Yes ☐ No		Gender (M/F):
Address (new student only):							
Primary Phone #:				Emergency Contact (new student only): Name /Phone #:			
Email address:							
Class Name		Lesson Day of the Week		Scheduled Absent Days		Fee	
	т.			otal:			
		□5% 2x's a we □10% 2x's a w		□5% Siblings □10% 3x's a week	Discoun	t (%):	
		Scheduled Ab			heduled Absence	e Fee	\$
				otal:	\$		
Hold Harmless Agreement Indemnification. In consideration for myself and/or my child being allowed to participate in the subject activity, for myself, my hei and personal representatives, to the extent allowed by law, I hereby waive and release all claims for damages I or my child now or hereafter have against Seattle Badminton Club and their agents for any injuries and damages suffered in connection with my or m child's participation. I futher agree to defend, indemnify and hold harmless Seattle Badminton Club and their agents from all claim injury or death, or for loss or damage to property, filed by anyone against Seattle Badminton and their agents which arises out of ror my child's participation, except for injury or damage caused by the sole negligence of Seattle Badminton Club and their agents. the undersigned participant and/or parent or guardian of the minor participant, give my permission to have photos/video tapes ta without recompense, during activities and used for publicity purposes.  Signature:  Date:  Signature of Parent Guardian Participant							Method of Payment  Credit Card  Check  Cash