

YONEX SERIES JR BADMINTON LEAGUE

- 2012 Winter Season -

- **Where:** Franco-Cité H.S. (623 Smyth Road – near the General Hospital and CHEO, across from Hillcrest H.S.)
- **Coordinator :** Katryna Camacho
- **When :** Fridays from January 13th to March 2nd 2012 (total of 8 league nights)
- **Price :** 65\$ per athlete (includes a t-shirt)
- **Registration deadline :** December 16th 2011



Details:

- The league is a doubles ladder, which is a great format that allows competing against athletes of a similar level.
- All games will be played in doubles and there will be a predetermined rotation of partners for each game.
- The total amount of points for the evening will determine the athletes ranking and he/she will move up or down the ladder accordingly.
- Medals and prizes will be awarded at the end of the Winter league.
- Please enter by the door at the back of the school, near the outside basketball court

League Schedule – Fridays	
Grade 7-8 (or younger)	6PM to 7:30PM
Grade 9-12	7:30PM to 9PM

All players **must** be ready to play at least 15 minutes before the start time and must be available for the whole predetermined playing time. Since the format is a ladder, please be aware that **the coordinator will not be able to put later arrivals on court** and for “ranking” purposes, they will be considered absent and will consequently move down the ladder.

** Please note that the school reserves the right to cancel our rental for school related activities.*

For more information please contact Katryna Camacho :
katrynacamacho@hotmail.com
613-421-7703

The number of entries is limited!!!

Registration Form – 2012 Winter Season

Please complete and send the form with a cheque in the amount of 65\$ (labeled to Jeunesse Franco-Forme) to the following address:

Jeunesse Franco-Forme
1807-179 George St
Ottawa ON K1N 1J8

Please note that a confirmation of your registration will be sent to you by email.

Name of participant	School
<input type="checkbox"/> Boy <input type="checkbox"/> Girl Age : _____	Health card number
Group <input type="checkbox"/> Grade 7 - 8 (6PM - 7:30PM) <input type="checkbox"/> Grade 9 -12 (7:30PM - 9PM)	Phone number of parent or legal guardian
Health indications (ie. allergies)	Email of parent or legal guardian
<p>I AM AWARE of the possibility of health and safety risks associated with my child's participation in this activity. By registering my child, I HEREBY CONSENT, to his/her participation in the activities AND I FREELY ACCEPT all health and safety risk associated with his/her participation. I will notify Jeunesse Franco-Forme of my child's special medical condition or health history, if any. If the emergency contact person identified in this Form cannot be reached and if my child has an accident or falls ill, I HEREBY AUTHORIZE Jeunesse Franco-Forme to provide my child with, or make arrangements for, emergency medical treatment.</p> <p>I FURTHER AUTHORIZE Jeunesse Franco-Forme to take photographs of my child for identification purposes during his/her participation and for Jeunesse Franco-Forme promotional material (ie. flyers, website, etc.).</p>	
_____ Name of parent or legal guardian	_____ Date
_____ Signature of parent or legal guardian	_____ Date