2011/2012
West Carleton Adult Recreational Badminton Club
Registration/Guest Form

Wednesday September 21, 2011 to May 30, 2012
Stonecrest Elementary School

Name:_____

Address:_____

Postal Code: _____

Telephone Numbers:_____Res._____Bus.

Email:_____

INDOOR SHOES MUST BE WORN IN THE GYM. NO SHOES WORN OUTSIDE WILL BE PERMITTED. ANY PLAYER UNDER 19 MUST WEAR APPROVED PROTECTIVE EYEWEAR.

Fee: $50 for the year (Sept to May); $30 for the Fall (Sept to Dec); $30 for the Winter/Spring (Jan to May)
Form of Payment: Cheque_____.
(please make cheque payable to : West Carleton Recreational Badminton Club)

Cash_____.

Guest Fee $5 per night (Includes Ontario Badminton Association Insurance)

Total Received:_____Date:_____.

Mail to: Heather Seeler, 1256 Kinburn Side Road, Woodlawn, Ont. K0A 3M0

As in all sports activities, there is a risk of injury to participants and/or damage to personal property while participating in recreational badminton and related club activities. As a member or guest of the West Carleton Adult Recreational Badminton Club, you, the member or guest, assume full responsibility for any and all such risks. As per recently adopted policies of the Ontario Badminton Association and the Ottawa District Badminton Association, the Club requires that all players under the age of 19 wear approved protective eyewear. The Associations and the Club recommend that players 19 and over also wear approved protective eyewear. The following release form has been prepared to ensure that all members and guests understand their responsibilities. It is an integral part of the West Carleton Adult Recreational Badminton Club.

RELEASE

In consideration of Stonecrest Public School and the Ottawa-Carleton District School Board (OCDSB), I release and forever discharge OCDSB, its trustees, officers and employees and their respective heirs, personal representatives, successors and assigns, from any and all actions, claims or demands whatsoever which may arise due to any accident, injury or damage of any kind to my person or property connected in any way with this facility owned by or under the control of OCDSB.

I release and forever discharge the West Carleton Adult Recreational Badminton Club, and all club organizers and volunteers, and their respective heirs, personal representatives, successors and assigns, from any and all actions, claims or demands whatsoever that may arise due to an accident, injury or damage of any kind to my person or property connected in any way with my participation in club activities.

I am unaware of any health related problems that I may have that could cause injury to myself or to others while engaging in this program.

Participant: _____Date: _____

How did you hear about the West Carleton Badminton Club?

Friends ____ Newspaper ____ Posters/Signs ____ Other (please describe) _____