

ODBA 2019 District Junior Badminton Championships

Location: RA Centre, East-Wing, 2451 Riverside Drive, Ottawa

U11, U13, and U19: Singles, Doubles, and Mixed on **Saturday**, April 6th (Plastic Shuttles for U11, U13)

U17: Doubles on **Friday** April 5th; Singles and Mixed **Sunday**, April 7th (Feather shuttle for main round, plastic shuttles for consolation round)

U15: Doubles on **Friday** April 5th; Singles and Mixed **Sunday**, April 7th (Plastic Shuttles)

Website & Registration: <http://jrDistricts.odba.ca>

Contact: jrDistricts@odba.ca

Format: AB or Round Robin

Shuttles: plastic; feather for U17, U19 (not provided)

Registration Deadline: Mar 29th, 2019 midnight

Cost by Event: \$35 (1), \$40 (2), \$45 (3)

Payment Deadline: Mar 29th, 2019 midnight

\$5 surcharge: for ODBA non-affiliated member

Payment Options: Mail cheque to "ODBA", 2 Jarlan Terrace, Ottawa, ON K2L 3L7

Or, e-transfer to odbaweb@gmail.com (answer: badminton)

BONUS: Free Dry-Fit T-shirt for the first 150 registrants (limited availability of sizes)

Sign-up sheet

First Name: _____

Last Name: _____

E-mail: _____

Phone: _____

Gender (F/M): _____

Year of Birth (YYYY): _____

Club Representation: _____ (\$5 surcharge for ODBA non-affiliated club member)

Tournament Software Member ID (optional): _____

T-Shirt Size: Youth Medium Youth Large Adult X-Small Adult Small Adult Med Adult Large
Recommending: U11 U11 or U13 U15 or U17 U17 or U19 U19 boys over 6-ft tall

Category	Singles ✓	Doubles ✓	Doubles partner or REQUEST	Mixed Doubles ✓	Mixed partner or REQUEST
U11 (born 2009 or later)					
U13 (born 2007 or later)					
U15 (born 2005 or later)					
U17 (born 2003 or later)					
U19 (born 2001 or later)					

By signing, I give my consent, as the parent/guardian, for the named above, to participate in the 2019 Ottawa District Juniors Badminton Championships. I hereby consent to the use of personal images by photography or video recording on the ODBA website. I agree that the Tournament organizers may act as my agent to engage such medical care as may be required.

Parental/Guardian Signature: _____

Date: _____

Emergency Contact Name & Phone #: _____ () _____ - _____