BADMINTON ONTARIO

Ottawa & District Badminton Association

2017-2018 Club Affiliation Form (Insurance at bottom)

Please complete this **ENTIRE** form if you require both affiliation & insurance; fill out only the top portion if you only require affiliation. Email this form to odbaweb@gmail.com, and send your fee, to:

Ottawa District Badminton Association,

2 Jarlan Terrace, Kanata On K2L 3L7

Please note: This form is used to update the B.On website - *Where to Play*

Club Name: _____ Address: _____

Facility Name: _____ postal code: _____

Club email: _____ Club web site: _____

Club type: Adult ☐ Junior ☐ Adult & Junior ☐ Days open: (please circle) M ○ T ○ W ○ T ○ F ○ S ○ S ○

Club contact (for mailings and inquiries):

Name: _____ Email: _____

Position: _____

Mailing address: _____

Phone (Home): _____ Cell: _____

Membership Numbers:

Junior (Under 19): Male: _____ Female: _____ Senior (Over 19): Male: _____ Female: _____

Officials*: Male: _____ Female: _____ Coaches*: Male: _____ Female: _____

*We need to know the total of Female, Male, *coaches/officials*, *junior, senior or master count. Thank you!*

Master (Over 35): Male: _____ Female: _____ ☐

Please submit a list of names of club players, noting who are coaches & officials. Please identify their gender as the government requires this info.

Affiliation fee enclosed $2 per member: ☐

2017-2018 Insurance Form - $5 million General Liability Insurance + E&O/D&O

Recreational Club Plan: Flat fee of $125 ☐ OR ☐ **Competitive Club Plan: $1.50/member**

Competitive Club Plan with Player's Sport Accident Coverage: $3/member ☐

Player's Sport Accident Coverage (within Canada) is included for the Competitive Club For additional $1.50/member

Important: Please fill in the name & address of your school board : _____

If a badminton camp is run as part of the club's badminton programme, all those players not listed separately as club members must be listed and the fee paid. The players, by paying the camp fee, become members of the club for the duration of the camp.

Our club agrees to affiliate with our district immediately on receipt of the forms from the District Executive. We also agree to meet the requirement of this insurance program, providing an update of our membership and coaching staff, and submitting information on each new member in January 2018 and May 2018.

Signed: _____ Date: _____