

ODBA 2026 District Junior Badminton Championships

Location: RA Centre, 2451 Riverside Drive, Ottawa, ON K1H 7X7

Date: Friday, May 15 2026 6 pm to 11 pm - U17 & U19 Mixed Doubles
 Saturday, May 16, 2026 9 am to 9 pm – U11, U13 & U15 all events

Sunday, May 17, 2026 9 am to 9 pm – U17 & U19 all events

U11 Singles can be added if there are more than 5 entries.

Cost: \$60 for one or 2 events. Add \$5 for the 3rd event. Only one age category per event.

(\$10 surcharge will be added to Non-affiliated club members.)

Registration: Email this sign-up sheet & e-transfer \$60 to odbaweb@gmail.com

And put your name & event in the message line of your transfer

Format: AB or Round Robin

Prizes: Medals, Draw Prizes **Registration**

Deadline: May 10, 2026 8 pm or the maximum number of entry

Notes: received. *** Entry only valid when the payment received. ***

First 100 entries with payment will receive a free t-shirt if size submitted before

May 2. All sizes available: Adult (Men or Women) sizes XS-4XL Youth S-XL

Sign-up sheet

First Name: _____

Last Name: _____

E-mail: _____

Phone: _____

Gender (F/M): F M

Date of Birth (YYMMDD): _____

Club Representation: _____ **T-shirt size:** _____

Category	Singles ✓	Doubles ✓	Doubles partner or REQUEST	Mixed Doubles ✓	Mixed partner or REQUEST
U11 (born 2015 or later)	<input type="radio"/>	NO EVENT		NO EVENT	
U13 (born 2013 or later)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	
U15 (born 2011 or later)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	
U17 (born 2009 or later)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	
U19 (born 2007 or later)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	

By signing, I give my consent, as the parent/guardian, for the named above, to participate in the 2025 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 #: _____ () _____ - _____