

# ***KANATA JUNIOR BADMINTON CLUB***

## REGISTRATION FORM FOR THE 2025 / 2026 SEASON

Please Print

Family name: \_\_\_\_\_.

First name: \_\_\_\_\_.

Date of Birth: (y)\_\_\_\_\_(m)\_\_\_\_\_ Gender: F ☒ M ☐

Address: \_\_\_\_\_.

\_\_\_\_\_.

Telephone: \_\_\_\_-\_\_\_\_. email:\_\_\_\_\_.

Class (check one): ☐ 1st - 6-7 pm, ☐ 2nd – 7-8:30 pm, ☐ 3rd – 8:30-10 pm

Medical condition(s) of which the supervisor(s) or organizer(s) should be aware:

\_\_\_\_\_.

\_\_\_\_\_.

in an emergency, contact: \_\_\_\_\_ at \_\_\_\_- \_\_\_\_.

### Declaration

I, the undersigned, agree to allow my child to participate in the Badminton program sponsored by the Kanata Junior Badminton Club.

I agree also to waive any claims upon the supervisor(s) or organizer(s) of the activity in the event of any injury that may be sustained while taking part in this program.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date