



# Arch Badminton Center

## **2016 Advanced Training Camp Registration Form**

140 Long Rd, Unit 110A, Chesterfield, MO 63005 www.archbadminton.com info@archbadminton.com Tel. 6363648668

This badminton Advanced Training Camp is designed for intermediate to advanced level players. This training camp will be led by our head coach Wei Liu and it will be systematic intensive training sessions to help students competing in local, regional and national level tournaments. Depending on their performance in camp, they will be divided into player groups based on age, level and physical ability.

Camp time: 5 days a week, from 9 am to 4 pm Monday through Friday

Cost: \$450 per week (Lunch included); \$10 per day after camp childcare until 6:00 pm  
10% off for early registration discount if signing up before February 29, 2016

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Camp Selections:**

<u>Weeks (Circle Weeks)</u>	<u>After Camp Childcare (yes, no)</u>	<u>Cost/session</u>	<u>Sub Total</u>
June 13 to June 17, 2016			
July 11 to July 15, 2016			

### **Release and hold harmless agreement:**

Please read this release and be aware that, in signing up and participating in the training program, I, \_\_\_\_\_ agree to waive any and all claims against Arch Badminton Center, their officers, agents, sponsors, and administrators, and all participants for any bodily injury to myself to others, or for any damages during the course of the training, which may arise from any participation in this training. The above mentioned entities are not responsible for any lost or stolen property at their location of training. I HAVE READ THIS RELEASE AND UNDERSTAND ITS PURPOSE AND ITS TERMS.

### **Parental Responsibility / Involvement**

I understand as parent/legal guardian of the above name youth, which is my responsibility to transport or make arrangements for transporting him/her to and from the Arch Badminton Center (ABC) program activities. I agree to have the above named youth (my child) at the ABC facility prior to the beginning of all scheduled program activities and agree to pick up my child (or arrange for my child to be picked up) within 30 minutes following the scheduled program activities. Failure on my part to comply with this program requirement may necessitate the removal of my child from the program. In addition, I will notify the ABC representative whenever it is necessary for my child to be absent from program activities.

Parent/Guardian Initials: \_\_\_\_\_

### **Media Release**

I hereby give Arch Badminton Center permission to use film, video tape and/or photographs of the above mentioned minor for the lawful promotional or informational purposes.

Parent/Guardian Initials: \_\_\_\_\_

**Emergency Contact Information**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

**Transportation List**

To ensure the safety of our campers we ask you to leave a list of people, in addition to guardians listed above, designated to pick up your child or children each day. People on this list will be asked to present ID at pick up.

1. \_\_\_\_\_

2. \_\_\_\_\_

Any changes must be made prior to your child's pick up and confirmed by the camp director.

All campers will receive a 2015 T-shirt with their registration. Shirt size: \_\_\_\_\_

**CANCELLATION:**

NO REFUND will be given to any student who cancels camp training. Only in circumstances of injury with doctor's note or immediate relocation with relocation proof will ABC give a refund for the camp. In any other circumstances, ABC may give a training class credit for regular training lessons if given at least 7 day notice prior to training camp.

**Payment:**

By Check:\_\_\_\_\_ Please make check payable to **Arch Sports, LLC**

By Credit Card:

Name on Card:\_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address (if not the same): \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Camp may be cancelled if number of registered students is less than 10. In this case, you will be notified by Friday the week before camp is scheduled to start. You will not be charged registration fee or camps fees.