



# **2016 SUMMER BADMINTON TRAINING WITH COACH CHONGTIAN QIU**

Jun 27-Jul 1  
Jul 5-8 (4 days)  
Jul 11-15  
Jul 18-22  
Jul 25-29

Aug 1-5  
Aug 8-12  
Aug 15-19  
Aug 22-26

**Beginner 9-11:30 am (10 participants max)**

- ***Stimulate interest in badminton.***
- ***Learn rules and basic training in grip, stroke and movement around court***
- ***Physical training to support skills***

**Intermediate or Adv. Beginner 1-4 pm**

- ***Multi-shuttle training to improve mobility; skills improvement***
- ***Footwork and physical training to improve court coverage and mobility***
- ***Singles and doubles games***



**Complete forms (one per participant); send form and payment to  
Boston Badminton, 169 Flanders Rd., Westborough, MA 01581.**

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Member (Y/N) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

- |   |                                    |
|---|------------------------------------|
| Check week: <input type="checkbox"/> Jun 27-Jul 1 | <input type="checkbox"/> Aug 1-5   |
| <input type="checkbox"/> Jul 5-8 (4 days)         | <input type="checkbox"/> Aug 8-12  |
| <input type="checkbox"/> Jul 11-15                | <input type="checkbox"/> Aug 15-19 |
| <input type="checkbox"/> Jul 18-22                | <input type="checkbox"/> Aug 22-26 |
| <input type="checkbox"/> Jul 25-29                |                                    |

**Payment**

**Beginner:** \_\_\_\_\_  
2.5 hrs/day, \$150 for 4 day week, \$180 for 5 day week

**Intermediate/Advance:** \_\_\_\_\_  
3 hrs/day: \$180 for 4 day week, \$210 for 5 day week

**Adv Beginner:** \_\_\_\_\_  
2.5 hours in the morning, 3 hour mixed with intermediate \$320 for 4 day week, \$380 for 5 day week

**Non-member** :add \$25/wk \_\_\_\_\_

**Total payment:** \_\_\_\_\_

Note: Single day are charged at \$18/hr. Weekly rates are for consecutive camp days. Payment is non-transferrable. No refund will be made once session starts. Family discount: 10% off each session starting the 4<sup>th</sup> session week paid by each family (If session days/wk vary, discount is applied to the session with fewer days).

# BOSTON BADMINTON LLC

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

In consideration for my membership, guest status, or participation in tournaments and training at Boston Badminton LLC under the auspices of USA Badminton, I acknowledge and agree that:

1. I risk bodily injury from the various activities offered at the Club, including paralysis, dismemberment disability and death, and while particular rules of the sport, equipment, and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to or loss of property.
2. I knowingly and freely assume all such risk; both known and unknown, even if arising from the negligence of the releases of others.
3. I willingly agree with the stated and customary conditions for participation in these sports related activities. If I observe any unusual or unnecessary hazard during participation or if I observe any concern in my readiness in my participation, I will immediately bring such to the attention of the nearest official and refrain from participation.
4. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and promise forever not to sue Boston Badminton LLC and USA Badminton, their officers and staff, volunteers, heirs, sponsors and/or agents ("releasees") with respect to any and all injury damage and loss arising from my participation, whether caused by the negligence of the releasees, the condition of the premises or otherwise, except that which is the result of gross negligence or wanton misconduct to the fullest extent permitted by law.
5. I agree to be bound by the rules and regulations of Boston Badminton LLC, the Badminton World Federation and USA Badminton I hereby stipulate that I am eligible to participate in the various sporting activities for which I am applying and that I understand that the above mentioned make no representation or warranty with respect to the condition of the premises or the operation of event.
6. I, hereby grant to Boston Badminton LLC and USA Badminton, its licensees, sponsors and contractees including photographers, television and motion picture companies, their affiliates and subsidiaries, full photography, television and motion picture rights including authority to film or videotape me during matches, narratives, personal interviews, or comment thereon for any and all commercial, news or other purposes together with the right to transfer or grant their rights to others, all without remuneration or compensation to me whatsoever.

**I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR PARTICIPANTS OF MINORITY AGE

This Is to certify that I/We as parent(s)/guardian(s) with legal responsibility for this member, do consent and agree not only to his/her release, but also for myself/ourselves, and my/ours heirs, assigns and next of kin to release and indemnify the Releasees from any and all liability incident to my/our child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Legal Guardian's Signature    Printed name    Relationship to Participant    Date

**BOSTON BADMINTON LLC**

**MEDICAL INFORMATION/ EMERGENCY CONTACT**

*(To be filled by parents who are not at Boston Badminton during training time.)*

Full Name \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_

Full Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Parents' Name (juniors) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

Doctor and phone no. \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

Dentist and phone no. \_\_\_\_\_

Indicate medical condition, allergies, special needs including medication: \_\_\_\_\_

\_\_\_\_\_

Parents' permission for staff to give pain killers (acetaminophen or ibuprofen)  yes  no

In case of medical emergency, every effort will be made to contact the persons listed above before contacting the doctor. Please sign below to authorize us to seek emergency care if deemed necessary. This form will be given to emergency personnel.

Signature (parent/guardian if minor) \_\_\_\_\_ Date \_\_\_\_\_