

USA BADMINTON LEVEL 2 COMMUNITY COACH



COURSE APPLICATION FORM

Application, Waiver and Course Fee must be received (not post marked) by Oct 16, 2012.

Mail to: Yvonne Chern, 7 Green Way, Wayland, MA 01778 Address questions to Yvonne@bostonbadminton.com

Please complete this form in BLOCK CAPITALS (PRINT)

COURSE INFORMATION		
Course Venue Boston Badminton, 169 Flanders Rd., Westborough, MA 01521		
Course Date Nov 17-18, 2012		
Contact Details – The name you write will be the name on your certificate. All information must be the same as in your USAB membership profile you created on the website. USAB will not be responsible if you do not receive your certificate if you provide incorrect correspondence information. Please PRINT.		
First Name	Last Name	
USAB #	Gender	Date of birth (mm/dd/yy)
Address		
City	State	Zip
Home Ph #	Cell #	
Email		
Do you agree to be contacted by telephone and email? Yes <input type="checkbox"/> No <input type="checkbox"/>		

PAYMENT INFORMATION

Standard Level 2 Community Coach Course Fee - \$270.00. Partial subsidy is provided by Boston Badminton to reduce Course Fee to \$185. Payment should be done by checks, payable to "USA BADMINTON".

Cancellation Policy
<ol style="list-style-type: none">Cancellation 14 days prior to course date<ol style="list-style-type: none">Course fee refunded provided participants inform Course Coordinator in writing (email).There will be a \$50 cancellation penalty fee.Cancellation within 14 days of course start date - Course fee will not be refundedFailure to complete all modules - Participants will need to attend all incomplete modules within a year of the initial course date. Participants will be charged \$20 per incomplete module
I have read and understand the cancellation policy. Yes <input type="checkbox"/> No <input type="checkbox"/>

Disclaimer
Every physical activity carries potential risks. While every precaution will be taken to ensure your safety, you should recognize that you take part at your own risk. The course coordinator, venue owner, course instructors and assessors take no responsibility for any injuries sustained unless they occur through negligence.
<input type="checkbox"/> I have read and I understand the disclaimer.
Are you fit to participate in the course activities? Yes <input type="checkbox"/> No <input type="checkbox"/>

Pre-Course Foundation
I have completed the following before the course:
Coaching Principles (ASEP) <input type="checkbox"/> First Aid (ASEP / American Red Cross) <input type="checkbox"/> Background Check <input type="checkbox"/>

COACHING EXPERIENCE AND PRE-COURSE KNOWLEDGE

Please provide detailed and precise information

The information below will be distributed to the assessor, course instructor and the USAB Coaching Department to assist them in their assessment and recommendation.

First Name	Last Name			
Your playing experience				
<input type="checkbox"/> Beginner	<input type="checkbox"/> Club Level	<input type="checkbox"/> Regional Level	<input type="checkbox"/> National Level	<input type="checkbox"/> International Level
Your coaching experience				
<input type="checkbox"/> No coaching experience of any kind	<input type="checkbox"/> Some experience in other sports			
<input type="checkbox"/> Coached other sports more than 5 years	<input type="checkbox"/> Coached badminton 1-5 years			
<input type="checkbox"/> Coached badminton more than 5 years				
Participant group your are currently coaching or plan to coach in the future				
<input type="checkbox"/> Youth -	<input type="checkbox"/> Children 6-13 years old	<input type="checkbox"/> Children 14-18 years old		
<input type="checkbox"/> Adult Participants				
<input type="checkbox"/> Talent Development (10 – 15 years old)				
<input type="checkbox"/> Performance Development (above 15 years old)				
<input type="checkbox"/> Elite Performers				
Why do you want to be a badminton coach?				
What other sports related qualifications or awards do you have?				
What do you plan to achieve in the field of badminton coaching?				
<input type="checkbox"/> I have read and completed the self check questions. I understand that the information will be distributed to the assessor, course instructor and the USAB Coaching Department to assist them in their assessment and recommendation.				
By providing my electronic signature (TYPE YOUR NAME IN UPPER CASE) below, I confirm that the information I have provided above is true. I further understand and agree that my electronic signature is my legal and binding signature.				
Signature:		Date:		

