

# APPLICATION FORM – MEMBER

PLEASE PRINT

Membership No. \_\_\_\_\_

4239-423: Season  
Ottawa, Ontario

Swallow Badminton Club

飛燕羽毛球會

FIRST NAME: _____		LAST NAME: _____		
(Address) _____		(City) _____	(Province) _____	(Postal Code) _____
( ) _____	( ) _____	(Tel: Cellular phone) _____		(Email) _____
For <b>Junior</b> members of age 16 to 18 years only (as of September 1, 2017):				
Date of Birth:	Year: _____	Month: _____	Day: _____	
Parent's Name:	First Name: _____	Last Name: _____		
<b>Emergency Contact:</b>	First Name: _____	Last Name: _____		
Relationship: _____	Tel: ( ) _____	Alt. Tel: ( ) _____		

**Special Note:**

1. Use of showers in the changing rooms is **NOT** permitted, by the order of the Ottawa Carleton District School Board (OCDSB).
2. Only indoor, non-marking court shoes are allowed in the court area.
3. Shuttlecocks will be provided during club times.
4. All Junior members must wear protective eyewear meeting the ASTM F803 Standard where there are more than two players on the same court. **(Parent/Guardian's initial )**
5. Membership fees are non-transferable.

**MEMBERSHIP FEES (non-refundable one week after paying):**

Renewal (On or before May 31, 2017)	\$ 110.00 for 2016-2017 members only
Regular (After June 01, 2017)	\$ 125.00 for 2016-2017 members and new applicants

Membership fees are tentatively set for 2016-2017. Membership fees may be changed accordingly to the rental fees charged by the City and the school boards.

**IMPORTANT NOTICE: Liability waiver must be signed before you are accepted as a member of the Swallow Badminton Club (“the Club”). Junior member must be co-signed by his/her parent.**

I understand that there may be risks involved in the participation in the sport of badminton, including but not limited to those associated with the facility, playing conditions, equipment and other participants.

I fully assume the risk associated with the participation in said sporting activity.

I hereby waive any and all claims I may have against the Club and its executive members arising out of any personal injury, personal loss or property damage that is incurred during said participation, whether active or inactive.

Date of application: \_\_\_\_\_ Applicant signature: \_\_\_\_\_

Signature of Junior member’s parent/guardian: \_\_\_\_\_

<b>METHOD OF PAYMENT</b> (All cheques payable to “Swallow Badminton Club”)	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque No.
Executive signature: _____	Date of application: _____	