

GGBC APPLICATION & WAIVER FORM

Please **PRINT** the following information

Full Name of Participant _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Ask For: _____

Work Phone () _____ Ask For: _____

In case of emergency, name and phone number of local person to contact if there is no answer at the above numbers:

Name _____ Phone () _____

Do you or your child have any special needs for this activity that we should know about? _____

Session: **GGBC 1** | Both Weeks 1st Week Only 2nd Week Only
GGBC 2 | Both Weeks 1st Week Only 2nd Week Only

GGBC1 | 190 Constitution Drive, Menlo Park, CA 94025 | Phone: 650 838 9318
 GGBC2 | 4230 Hubbard Street, Emeryville, CA 94608 | Phone: 510 655 8989

Refund Policy

1. Refund for withdrawals from registration or classes will be paid back as Club or Pro Shop CREDIT if notice is given at least 7 days before classes start.
2. If classes have started, students can only get a refund if they withdraw from classes within 2 days after classes' start date, and a service charge of \$25.00 will be applied.
3. There will not be credits and no refunds if withdrawal is made after the 2nd day of classes.

For further inquiries, please feel free to write to: info@ggbadminton.com, or call Vickey @ 650 838 9318

Refunds must be requested in person at:

GGBC 1
 190 Constitution Drive
 Menlo Park, CA 94025

GGBC 2
 4230 Hubbard Street,
 Emeryville, CA 94608

Receipts must be presented to get refunds.

Each adult participant must sign below. In addition, the signature of a parent or legal guardian is required for youth registrations.

I, the undersigned or parent/guardian of the individual named below do hereby agree to allow the individual named herein to participate in the aforementioned activity, and I further agree to indemnify and hold harmless Golden Gate Badminton Club and its employees, officers and agents from and against any and all liability, save and except for sole negligence of GGBC or its employees, resulting in injury associate with that individual's participation in this activity. I/we agree to allow use of my/our photograph for program publicity. I/we have read and agree to the registration and program policies.

Check appropriate box(es) and sign:

Participant (over 18) Parent Legal Guardian

1) Signature/Date _____ Print Name _____

2) Signature/Date _____ Print Name _____

Please submit your application with payment before **TUESDAY, MARCH 10TH**

My check is attached. Make checks payable to: **Golden Gate Badminton Club**

Note: **\$25.00** charge on all returned checks.

Charge my: MasterCard VISA CASH CHEQUE # _____

Name of cardholder: _____

Card No. _____

Exp. Date: _____



Participant's First Name	Age	Program/Title	Level	Fee
Total Fees				

For office use only

Receipt No. _____ Initial _____