

APPLICATION AND WAIVER FORM 2009

Please PRINT the following information

Full Name of Participant:

Address:

City: State: Zip:

Home Phone () Ask For:

Work Phone () Ask For:

Email 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?

Sessions: GGBC 1 | Week 1st Week
GGBC 2 | Week Both 1st Week 2nd Week

GGBC1 | 190 Constitution Drive, Menlo Park, CA 94025 | Phone: 650 838 9318

GGBC2 | 4230 Hubbard Street, Emeryville, CA 94608 | Phone: 510 655 8989

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

CAMP POLICY

1. All payments shall be full and FINAL. GGBC will not refund any payments by cash or credit. Students must make payment in FULL to complete registration.
2. There will be no make up classes.
3. All Students & Parents are to abide by the rules and regulations on GGBC website www.ggbadminton.com

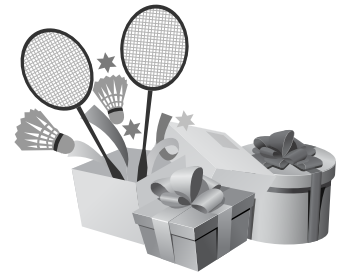
For further inquiries, please feel free to write to: info@ggbadminton.com, or call Marc @ 650 838 9318

GGBC 1

190 Constitution Drive
Menlo Park, CA 94025

GGBC 2

4230 Hubbard Street,
Emeryville, CA 94608



Please submit your application with payment before **DEC 18, 2009, FRIDAY**

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

For office use only Receipt No. Initial

Total Fees