

Bay Sports Academy
Kevin Badminton Class Registration Form
2911 Mead Ave, Santa Clara, 95051
408-839-1136 Kevinbadminton@gmail.com

Participant Info

Name (Last, First): _____ Gender: ___ Age: ___

Email Address: _____

Parent's Name _____ Parent's Name _____

Address: _____ City _____ Zip _____

Phone _____ Cell Phone _____

Emergency Contact Number(s): _____

Payment Info

Please include full payment before the first class -- either a check payable to "Bay Sports Academy" or Zelle 408-839-1136. Mail Address: **Bay Sports Academy, 2911 Mead Ave, Santa Clara, CA, 95051**

*Registration Fee: \$100 / Yearly / First time register or returning register

*Discount: -Sibling has 5% off for the second kids.

- Register 2 sessions for 5% off.

- Register 3 sessions for 10% off.

- Discount cannot count combined.

*Refund Policy: No refund or credit will be issued after the first class started.

*Make up Policy: Students are allowed to make up 2 missing classes in the other time slot class during the current session. Students must notify the coach 24 hours in advance if they are going to be absent.

Register Info

First Choice (Check it below):

Level : ___ Beginning ___ Intermediate ___ Advanced ___ Fall ___ Winter ___ Spring

Time Slot (Session Number): _____

Second Choice :

Level : ___ Beginning ___ Intermediate ___ Advanced ___ Fall ___ Winter ___ Spring

Time Slot(Session Number): _____

Total Fee: _____

WAIVER AND RELEASE OF LIABILITY

Note: This form must be read and signed before the participant is permitted to take part in event sessions. By signing this agreement, the participant affirms having read it.

I hereby request that you accept the application of _____ in the Bay Sports Academy Training Program & Open Gym Play during the dates set forth in this application, and in consideration of your acceptance, I hereby release Bay Sports Academy LLC., their trustees and employees from all liability or claims of injuries or property loss that may be sustained by the student while attending Bay Sports Academy LLC. Such claims include but not limited to claims for gross negligence or recklessness. In addition, I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and discharge Bay Sports Academy LLC, its staff, employees, representatives, successors, all claims of damages, injuries and/or loss arising from activities while at training or approved team tournaments. Authorization for Medical Treatment and Release: In case of emergency or if any medical attention is required for my child, I hereby give my permission to Bay Sports Academy LLC Staff to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release Bay Sports Academy LLC, their trustees and employees from any and all claims relating to the exercise of such judgment. I give permission for any necessary medical care to be given to my child(ren) in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided. Bay Sports Academy has my permission to use my or my child's photograph publically to promote Bay Sports Academy . I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.

Parent/Guardian/Self Name(Printed)

Date of Signature

Parent/Guardian/Self Name(Signature)

Date of Signature