

**Bay Sports Academy**  
**Kevin Badminton Class Registration Form**  
**www.kevinbadminton.com**

**Participant Info**

Name : \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

**Payment Info**

Please include full payment before the first class -- check payable to "Bay Sports Academy" or  
Paypal: kevinbadminton@gmail.com (friend) or Zelle: kevinbadminton@gmail.com

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

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

- Register 2 sessions for summer camp and get 5% off.

- Register 3 sessions for summer camp and get 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**

Level : Beginning \_\_\_ Intermediate \_\_\_ Advanced \_\_\_

Training Class Time Slot : \_\_\_\_\_

Summer camp (week): \_\_\_\_\_

Total Fee: \_\_\_\_\_

**Contact Info:** 408-839-1136 [Kevinbadminton@gmail.com](mailto:Kevinbadminton@gmail.com) www.kevinbadminton.com  
**WeChat:** 4088391136, 4085074636

**Location #1:** Moreland Community Center Gym. 1886 Fallbrook ave, San Jose, 95130

**Location #2:** Sunnyvale Community Center. 550 E Remington Dr, Sunnyvale, CA 94087

## 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 BaySports Academy Training Program during the dates set forth in this application, and in consideration of your acceptance, I hereby release Bay Sports Academy LLC., Swan Ping Pong Club, and Sunnyvale Community Center 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 are 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, Swan Ping Pong Club and Sunnyvale Community Center 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

\_\_\_\_\_  
Parent/Guardian/Self Name(Signature)

\_\_\_\_\_  
Date