

KEVIN BADMINTON SUMMER SCHEDULE 2019



***Camp Schedule (5 days /Session, 3 hrs each day)

Session	9:15-12:15pm	1:15-4:15pm	Time slot	Fee
Jun/10-14			Mon- Fri 9:15-12:15 pm or 1:15-4:15pm	\$290/session Mon-Fri (5 days) 5 classes 3 hours each class
Jun/17-21				
Jun/24-28				
July/1-5				
July/8-12				
July/15-19				
Jun/22/26				
Jul/29-Aug/2				
*Aug/3-Aug/8				

Check your time slot above

***Regular Weekday Evening & Weekend Schedule (9 lessons/session)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-8 pm Beginning	6-8 pm Intermediate	6-8 pm Beginning	6-8 pm Intermediate	4:30-6:30 pm Intermediate 6:30-8:30 pm Beg/Int	9-11 am Beg/Int 11am-1pm Int/Adv 2-4 pm Beg 4-6 pm Int 6-8 pm Beg	9-11 am Beg/Int 11 am-1 pm Adv 2-4 pm Beg 4-6 pm Int 6-8 pm Beg
6/10--8/5/19 \$360 9 classes	6/11--8/6/19 \$360 9 classes	6/12--8/7/19 \$360 9 classes	6/13--8/8/19 \$360 9 classes	6/14--8/9/19 \$360 9 classes	6/8/19--8/3/19 \$360 Beg & Int \$414 Adv 9 classes	6/9/19--8/4/19 \$360 Beg & Int \$414 Adv 9 classes

Check & circle your time slot above

Private Lesson: \$110/hour or \$100/hour upon 10 lessons commitment Cash Only
By reservation

Court Rental: \$120 Two Hours (Plus \$25 cleaning) Group reservation only

Registration Fee: \$35 First time register or returning register

Drop in Class: \$56/Regular class & \$70/Camp day

Restraining Fee: \$23

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

- Register 2-3 sessions for 5% off.
- Register 4 sessions and up for 10% off.
- Early bird registered by **April/1st** has 5% off.
- A discount combined maximum of 15% off.

Summer 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. Make up credit can be used in both regular classes and camp.

Cancellation:

- The session will be canceled by no more than 4 registered students. Full refund.
- Kevin Badminton reserves the right to cancel a class for any reasonable cause. Should this happen, your fee will be refunded in full or you may transfer to any other available class.

Refund policy

- Refunds are allowed if requested up to 15 days prior to the start of the session. Any cancellation will be charged \$50.
- Refunds requested less than 15 days prior to the start of the session will only be granted future class credit. Any cancellation will be charged \$50.
- Refunds requested less than 5 days prior to the start of the session, NO any refund.

Mail address: Kevin Badminton, 906 E Arques Ave, Sunnyvale, CA, 94085

408-839-1136 kevinbadminton@gmail.com www.kevinbadminton.com

Registration: Mail the application form with a check and you will receive an email confirmation immediately. Or turn in to the court welcome. **Check or Cash only. Check Payable to Bay Sports Academy.**

Application form

Name _____ Gender: M_ F_ Age __

Parent Name _____ Telephone (_____) _____

E-mail _____ Emergency Contact (_____) _____

AGREEMENT AND RELEASE OF ALL LIABILITY

I, _____, on behalf of my child(ren), _____, have voluntarily requested to participate in the Badminton Training Program offered by Coach Qingguo Zeng. I am aware that attending or participating in these activities involves risk of injury to person and property. I voluntarily accept and assume all risk of attending or participating in these activities. In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child(ren), our heirs, personal representatives and assignees, to not make any claim against or sue Qingguo Zeng or the employees, (collectively referred to as "RELEASED PARTIES") for any injury, or damage to my child(ren) or myself. In addition, I release and discharge the RELEASED PARTIES from all actions, claim or demand my children, our heirs, personal property damage resulting from the activity described above. This release includes injury or damage caused by negligence, active or passive, or other actions of the RELEASE PARTIES. The undersigned parent/guardian hereby give permission for any necessary medical care to be given to my child(ren) or call 911 in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND AND THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.

Parent's Signature

Date

