



2017 Group Training Registration Form April 4 to June 24, 2017

*Full Program Includes unlimited access to Cedar Springs fitness area!

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal: _____ Phone: _____

Email: _____ DOB: _____

Cedar Springs Member #: _____ Emergency Contact #: _____

Team Training Schedule*: Tuesday 6:00 - 8:00 pm, Thursday 6:00 - 8:00 pm, Saturday 10:00 am– 12:00 pm,

* Subject to change upon addition of more than anticipated team members

* There will be no team training on the following days: Thanksgiving, Christmas Eve, Christmas Day, New Years Eve, New Years Day, Family Day, March Break, Good Friday, Easter Sunday, Victoria Day and days where the courts are scheduled for badminton camps, tournaments and / or other

Training Period: <u>April 4-June 24, 2017</u>	Period Total
Full Program (Three session per week)	\$432.00
Light Program (Two Session per week)	\$360.00
Partial Program (One Session per week)	\$204.00
Drop in (Each Session)	\$ 25.00 per session

Please make cheques payable to Advance Badminton.

You may join the team at any time on a prorated basis but you must commit to end of the training period. Payment in advance is required.

For more information, please contact Kim Chiu; Phone (905)-929-6307, email: coachboris@hotmail.com.

Terms and Conditions:

1. Team member must be a full Cedar Springs junior member.
2. The team member agrees to represent Advance Badminton exclusively at all tournaments and agrees not to represent any other club while training with Advance Badminton.
3. It is understood and agreed that there are no refunds, exchanges or make up sessions for any training missed or cancelled.
4. Advance Badminton reserves the right to terminate any team member that violates the team rules as set out by Cedar Springs, Advance Badminton and their coaching staff.
5. **PHOTOGRAPHY & VIDEO: You are agreeing to permit photographs and video to be taken of you for promotional**

Players Signature: _____ Parent or Guardian Signature: _____ Date: _____

For Internal Use Only

Amount Paid: _____ Program: _____ Coaches Signature: _____