




**BRACEBRIDGE KNIGHT HAWKS  
SUMMER BADMINTON CAMP 2018**

Child's Name	Birthday (dd/mm/yy)	Level of Play (Junior/Intermediate Advanced)	Medical /Behaviour Information

<b>Parent / Guardian Information:</b>		
Last Name		First Name
Address		
Town:	Postal Code:	Home Phone:
Email: (father)		Cell Phone: (father)
Email: (mother)		Cell Phone: (mother)
Participants Email:		Participant cell phone:
<b>In case of Emergency contact: (name)</b>		<b>Phone#</b>

**Camp is designed for Grades 3 – 8 (ages 8 -14)**

Day /Time	Time	Cost	Member Cost	Location		Does your child wear glasses
July 10,11,12	9:00 – 3:00 pm	\$90.00	\$75.00	BMLSS		
July 17,18,19	9:00 – 3:00 pm	\$90.00	\$75.00	BMLSS		
July 24,25,26	9:00 – 3:00 pm	\$90.00	\$75.00	BMLSS		

**Cheques made payable to Bracebridge Knight Hawks**

**Cancellations:** Any cancellations less than a week prior to the camp program will have a 25% fee deducted from the refund.

**Registration** is not confirmed unless payment has been received. Please drop off or mail registration forms and payment to:

**BDO – Attention Ken Garth**  
239 Manitoba Street  
Bracebridge, Ontario P1L 1S2

Method of payment. CASH \_\_\_\_\_ CHEQUE # \_\_\_\_\_ Amount \_\_\_\_\_

[www.bracebridgeknighthawks.ca](http://www.bracebridgeknighthawks.ca) or like us on Facebook  
(all updates, cancellations and general information will be posted on Facebook)  
bbknighthawks@gmail.com

**Bracebridge Knight Hawks Photo Consent**

From time to time the Bracebridge Knight Hawks will post photos of participants on our website/facebook and /or will submit photos to local newspapers to report on the club's events and /or tournaments.

Please indicate consent for release of your son's/daughters photo and name for the above mentioned uses. YES \_\_\_ NO\_\_\_

**Goggles**

It is mandatory for all players to wear goggles, both during practice and all tournaments. This includes: singles, doubles and mixed. Anyone who wears glasses is required to wear overgoggles. Both types of goggles will be available for purchase at registration and practice times.

**Collection of Personal Information**

I authorize Bracebridge Knight Hawks Badminton Club to retain personal information, including my address, phone number and email address on a club contact list to be used for the purposes of communication to club members only.

**Responsibility of Risk**

I recognize that badminton is a physically demanding sport, I acknowledge and accept full responsibility for this risk and that the registrants listed on this form are physically able to partake in this type of activity

Parent Signature\_\_\_\_\_Date:\_\_\_\_\_