



Summer 2019 Junior/Adult Badminton Clinic

July 22nd – 25th, 2019

July 29 – August 1st, 2019

August 5th – 8th, 2019

9:30am - 4pm with a lunch break (12-1:30pm)

Boston Badminton 169, Flanders Rd, Westborough, MA 01581

- ✓ Players will be placed in their competition level
- ✓ Develop singles and doubles strategies
- ✓ Improve footwork and offensive/defensive skills
- ✓ Increase confidence with competitive game plan
- ✓ Enhance technical skills
- ✓ Full week: \$350
- ✓ Individual day: \$90
- ✓ Half day (just AM or just PM): \$50 each
- ✓ Please bring your own lunch and water



Contact Andy Chong with questions email: andy.ac.academy@gmail.com ph: 508-333-7990
Note: **PLEASE SUBMIT VACCINATION RECORD** upon registration. Sessions may be cancelled if less than 4 participants enrolled. No refund will be made once session begins.



Summer 2019 Badminton Clinic Registration

Complete forms (one per participant), sign release and send with payment payable to **AC Academy**.

Participant Name: _____

Parents Name: _____

Email: _____

Address: _____

City/Town : _____ State: _____ ZIP: _____

Home Phone : _____ Cell Phone: _____

Date of Birth: _____ Sex (M/F): _____

Please check which one:

- \$350 for 4 full days
- Half days are \$50 each (AM or PM)
 - AM (9:30am - 12noon)
 - PM (1:30pm - 4pm)
- Individual day (AM or PM): \$90

Please circle and enter total due:

Session dates	MON	TUE	WED	THU
Jul 22 – 25, 2019	AM PM	AM PM	AM PM	AM PM
Jul 29 – Aug 1, 2019	AM PM	AM PM	AM PM	AM PM
Aug 5 – 8, 2019	AM PM	AM PM	AM PM	AM PM

TOTAL DUE: \$ _____

Thank you!





MEDICAL INFORMATION/ EMERGENCY CONTACT

(To be filled by parents who are not at The Mill Works during training time.)

Full Name _____

Gender Male Female Date of Birth _____

Full Address _____

Email _____

Parents' Name (juniors) _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Health Insurance: _____ Policy #: _____

Doctor Name and Phone #: _____

Dental Insurance: _____ Policy #: _____

Dentist Name and Phone #: _____

Indicate if any medical condition, allergies, special needs during medication:

Parent's permission for staff to give acetaminophen or ibuprofen (for pain) YES NO

In case of medical emergency, every effort will be made to contact the persons listed above before contacting the doctor. Please sign below to authorize us to seek emergency care if deemed necessary. This form will be given to emergency personnel.

Signature: _____ Date: _____