



LIONS BADMINTON TRAINING CENTER

2021 Winter Camp Registration Form

First Name: _____ Last Name: _____
 Address: _____ Year Of Birth: _____
 Phone Number: _____ Email Address: _____
 Emergency Contact: _____ Level Confirmed: _____

COVID-19 PRECAUTIONS

1. Club will have a maximum capacity according to Ontario's standard.
2. Covid 19 Protocol must be followed at all times within the club premises.
3. Remaining camp fees will be refunded if Lions is forced to be closed due to Covid Lockdown.

TERMS & CONDITIONS

I have read and I understand this form's contents completely and have answered the above questions accurately.

1. The team member agrees to represent Lions Badminton Training Center exclusively at all tournaments and agrees not to represent any other club while training with Lions Badminton.
2. Lions Badminton Training Center reserves the right to terminate any team member that violates the team rules as set out by Lions Badminton Training Center and their coaching staff.
3. The undersigned understands that Lions Badminton is not responsible for expenses resulting from loss or injuries sustained while engaged in any activities whatsoever whether on club premises or off.
4. It is understood that some photos and videos may be taken of you for promotional purposes.
5. It is understood and agreed that there are **NO CANCELLATIONS, REFUNDS, MAKE-UPS OR CREDITS** for ALL SUMMER CAMP, except under Covid-19 lockdown.
6. It is understood that Camp may not open on the day when registration is less than 4 students.

Players/Parent or Guardian Signature: _____

Detailed Camp Weeks or Dates: (Recreational /
 Competitive) _____

For Internal Use Only

Registration Dates:	
detailed fees calculation: <i>ig: x weeks*unit price*tax*discount (if any) = x</i>	
Payment Method, Amount Paid & Date:	
Lions Staff Signature:	



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WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Lions Badminton's facilities, including but notwithstanding playing badminton, physical exercises, related events and general activities, the undersigned acknowledges, appreciates, and agrees that:

1. There are risks of injury, potential loss and contractible illness (e.g: communicable diseases, MRSA, influenza, and COVID-19) from the activities involved in this program, including the potential for permanent paralysis and death, arising out of participation and while particular rules, equipment, and personal discipline reduces these risks, the risks of serious injury and illness do exist that may expose myself, my child, or anyone else in my company; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS ON BEHALF OF MYSELF AND ALL SUCH IN MY COMPANY, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Lions Badminton, their coaches, officers, officials, agents, volunteers, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ALL CLAIMS OR LIABILITY ARISING OUT OF THIS PARTICIPATION INCLUDING ANY AND ALL INJURY, ILLNESS, LOSS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR ANY MATTER WHATSOEVER, to the fullest extent permitted by law. I also agree to indemnify and hold harmless the Corporation and all involved staff from any such claims from myself, immediate kin or anyone with relation to me.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants Name (PRINT): _____

Signature & Date: _____

If Participants is a Minor

Parents/Guardian Name (PRINT): _____

Signature & Date: _____