



TEEN BADMINTON CLUB

FAMILY BADMINTON CLUB / JUNIOR BIRDIES!

- TEEN BADMINTON CLUB : WEDNESDAYS - BAIE d'URFÉ @AVH : 7pm - 8:30
- TEEN BADMINTON CLUB : THURSDAYS - BAIE d'URFÉ @AVH : 7pm - 8:30
- TEEN BADMINTON CLUB : SATURDAYS - NDG @MARYMOUNT : 10:15 - 12pm
- TEEN BADMINTON CLUB : SATURDAYS - NDG @MARYMOUNT : 12pm - 1:30
- JUNIOR BIRDIES! : SATURDAYS - NDG @MARYMOUNT : 2pm - 3
- JUNIOR BIRDIES! : SUNDAYS - BAIE d'URFÉ @AVH : 1:30pm - 2:30
- JUNIOR BIRDIES! : SUNDAYS - BAIE d'URFÉ @AVH : 3:30pm - 4:30
- FAMILY BADMINTON CLUB : SATURDAYS - NDG @MARYMOUNT : 1:30pm - 3
- FAMILY BADMINTON CLUB : SUNDAYS - BAIE d'URFÉ @AVH : 1:30pm - 4:30



TBC EAGLES — COMPETITIVE CLUB TEAM: AVH-WI NDG-MTL

www.TeenBadmintonClub.ca

TEEN BADMINTON CLUB & JUNIOR BIRDIES!			
1.	_____		
	PLAYER NAME	EMAIL (optional)	(Age: /Grade:) SCHOOL
2.	_____		
	PLAYER NAME	EMAIL (optional)	(Age: /Grade:) SCHOOL
3.	_____		
	PLAYER NAME	EMAIL (optional)	(Age: /Grade:) SCHOOL

FAMILY BADMINTON CLUB
1.
2.
3.
4.
5.
6.

ADULT / PARENT / GUARDIAN NAME : _____

ADULT / PARENT / GUARDIAN EMAIL : _____

CONTACT/EMERGENCY PHONE NUMBER : () — _____

I Hereby consent to the participation of the names above in the Teen Badminton Club / Family Badminton Club / Junior Birdies! and all related activities. I will not hold this Club or its personnel liable for any related injuries, losses or damages that are part of our regular activities. I have included any pertinent medical history with this form.

The legal guardian/parent: _____ Signature: _____

TBC Season: Year _____ Fall / Winter Date: _____