Santa Rosa Badminton Club Player Information

Please fill out the following information:	
Name:	-
Address:	-
Mobile Number:	
E-mail Address:	-
[] email is my preferred contact.	
Birthdate (juniors): USAB Number (if any):	
Contact information will be used solely for club purposes and will not be shared with a	nv other individual or

Contact information will be used solely for club purposes and will not be shared with any other individual or organization without your consent.

Waiver: I understand that Badminton and the training thereof are strenuous activities that can at times lead to serious injuries. I agree that my (my child's) participation in Santa Rosa Badminton Club activities (open play, tournaments, training and other events) is solely at my own (my child's) risk, and I shall defend, indemnify and save harmless, Santa Rosa Badminton Club, Boys and Girls Clubs of Santa Rosa and other venues that may be used, plus any instructors, officials and other players/students from any and every claim or demand of every kind and character which may ever be asserted by reason of injury to person or damage to property which may be suffered in connection with the participation in this activity.

Signature: ____

Date:_____

Parent or Guardian Signature for Juniors