Badminton Victoria's Junior Competitive Program

The Junior Competitive program will include stroke development, footwork, shot practice, tactics, and lots of organized games and matches. An emphasis will be placed on having FUN with lots of group activities. The overall goal of this program is to develop young badminton players to the tournament level. All participants will be encouraged to participate on their school badminton team or club, as well as in some local events.

Plus, Competitive players and other guests will assist the coaches with feeding and playing games against the Junior Competitive players as often as possible.

The following are details of the Junior Competitive Training Program:

Schedule:

Days	Times	Location/Facility	Dates
Saturday	9 am to 11 am	St. Andrew's High School	Sept 19 – Dec 12
Monday	6:30pm to 8:30pm	Gordon Head Middle School	Sept 21 – Dec 14
Tuesday	6:30pm to 8:30pm	Gordon Head Middle School	Sept 22 – Dec 15

Please note: We will attempt to give as much notice as possible with regards to changes in our schedule. Thanks for your patience.
Scheduled cancellation dates: **September 26th, October 12th, December 5th**
NOTES:
1. An email will be sent out with a fuller list of cancellation dates, and any unexpected cancellations will be emailed with as much notice as possible.
2. THE TUESDAY SESSION WILL BE CLOSED AT **16 REGISTRANTS** (due to space confinements). Only the first 16 registrations received for that night will be accepted. Saturday and Monday sessions will have the normal 30 participant registration cap.

Fees:

One Session	$125
Two Sessions	$225
Three Sessions	$300

- The registration fee is eligible to be used as a tax credit. Receipts will be issued.
- Grants are available at <http://www.kidsportvictoria.ca/index.shtml >

Fees include the following:

* Membership to Badminton Victoria and our provincial sport organization, Badminton BC***
* All training expenses (shuttles, facility rentals, equipment, and year end prizes)
* Tournament administration and coaching (as required)

*** If you have already purchased a Badminton BC Membership for the 2009-2010 season, please contact Jeremy before making program payment.

Badminton Victoria Junior Competitive Athlete Registration Form

Last Name: _____ First Name: _____

Address: _____

Postal Code: _____ Home Phone #: _____

***Email:** _____

Parent Name: _____ Parent Name:_____

***Parent Email:** _____

Please check the box if you are interested in volunteering at this seasons tournaments. ☐

Select the section(s) that you will be registered in for the fall session (select all that apply):

Saturday	9am to 11am	St. Andrew's High School
Monday	6:30pm to 8:30pm	Gordon Head Middle School
Tuesday	6:30pm to 8:30pm	Gordon Head Middle School

Fees:

$125 for one Section per week
$225 for two Sections per week
$300 for three Sections per week

TOTAL REGISTRATION FEES PAID: $ _____

Forms and cheques can be dropped off or sent to the following address:
***Please make cheques payable to the "Badminton Victoria"**

Badminton Victoria
Suite 100 - 4636 Elk Lake Dr.
Victoria, BC V8Z 5M1

Badminton Victoria - Athlete Medical Form

Participant Information:

Last Name: _____ First Name:_____

Address: _____

Postal Code:_____ Date of Birth: Year_____ Month_____ Day_____

Home Phone #: _____

Parent/Guardian Information:

Parent Name: _____ Parents Work #: _____

Parent Name: _____ Parents Work #: _____

Emergency Contact Information:

Name:_____

Phone:_____

Relationship:_____

Medical Information:

Family Doctor:_____ Phone:_____

BC Care Card #:_____

Allergies:_____

Does Your Child Carry An Epi-Pen?_____

Medical Concerns:_____

_____

_____

Medical Transport Permission

As parent/Guardian of _____, I authorize Coaches / Chaperones to:

1. Contact parents / guardian if my child becomes ill, OR
2. If parents / guardians cannot be reached to make arrangements to send my child to the home of the emergency contact person
3. Where parents / guardians cannot be reached, in the case of emergency, to contact our family doctor, transport to hospital or medical clinic, for appropriate care as deemed necessary by Coaches / Chaperones.

Name:_____ Signature:_____ Date:_____

BADMINTON VICTORIA MEMBERSHIP - For parents of Badminton Victoria athletes (recommended, though optional) 2009-2010

www.badmintonvictoria.com

Annual membership $10.00: September 1, 2009 – August 31, 2010

Required Information:

_____
(First Name)

_____
(Last Name)

_____
(Mailing Address)

_____
(Home Phone) *(Daytime Phone)*

_____
(Email Address)

Optional Information:

Do you wish to receive email about Tournament Announcements, General Badminton Information and Special Offers from Badminton Victoria? **Yes** ____ **No** ____

Skill Level: **Beginner** ___ **Recreational** ___ **Intermediate** ___ **Advanced** ___

Primary Badminton Club Name: _____

Day(s) of Your Play: **Sun** ___ **Mon** ___ **Tue** ___ **Wed** ___ **Thu** ___ **Fri** ___ **Sat** ___

Club Court Time: **AM** ___ **PM** ___

Interested in Lessons? **Private** ___ **Semi-Private** ___ **Group** ___

Interested in Tournaments? **Recreational** ___ **Competitive** ___

Note: Payment by cash or cheque only; Cheque payable to 'Badminton Victoria"