

# Riverside Badminton

1108-75 Riverside Drive East, Windsor, Ontario N9A 7C4  
badminton@riversidesports.ca

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship to player: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned do hereby grant permission to my child to participate in activities under the jurisdiction of the Riverside Badminton Association. Should the above mentioned boy or girl be injured during the course of participation, I will not hold the association or its members responsible and I also agree to save the association from any liability to the above named.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

For office use only:

Total Fee paid: Fall Session: \$ \_\_\_\_\_ Winter Session \$ \_\_\_\_\_

T-Shirt Size if paying for both Fall and Spring Sessions \_\_\_\_\_

Drop in Fee: (Date and Amount)

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_ (balance for the season)

Other monies paid \$ \_\_\_\_\_ Reason: \_\_\_\_\_