



Seattle Badminton Club, 10858 117th Pl NE, Kirkland WA, 98033
 Tel: 425-889-5958, Email: coach@seattlebadminton.com

2024 SBC Junior Program Summer Camp Registration

Morning Session - 10:00 AM to 12:30 PM & Afternoon Session - 1:00 PM to 3:30 PM

Please check box

<input type="checkbox"/> Week 1: June 24 (Mon) – June 28 (Fri) AM / PM	<input type="checkbox"/> Week 6: July 29 (Mon) – Aug 2 (Fri) AM / PM
<input type="checkbox"/> Week 2: July 1 (Mon)– July 3 (Wed)* AM / PM	<input type="checkbox"/> Week 7: Aug 5 (Mon) – Aug. 9 (Fri) AM / PM
<input type="checkbox"/> Week 3: July 8 (Mon) – July 12 (Fri) AM / PM	<input type="checkbox"/> Week 8: Aug. 12 (Mon) – Aug. 16 (Fri) AM / PM
<input type="checkbox"/> Week 4: July 15 (Mon) – July 19 (Fri) AM / PM	<input type="checkbox"/> Week 9: Aug. 19 (Mon) – Aug. 23 (Fri) AM / PM
<input type="checkbox"/> Week 5: July 22 (Mon) – July 26 (Fri) AM / PM	

Fees:

Class	Member Fee/Week	Non-Member Fee/Week
Gold/Silver/Bronze/MHS, Half-day session, Full week	\$290.00 (5 days) / \$175.00 (3 days *)	\$340.00 (5 days) / \$205.00 (3 days *)
Gold/Silver/Bronze/MHS, Full day session, Full week	\$522.00 (5 days) / \$315.00 (3 days *)	\$572.00 (5 days) / \$345.00 (3 days *)
Add fees from all sessions	\$	\$
Total number of sessions		
Discount based on # of sessions		
Net Fee After Discount:	\$	\$

* - 3 days camp applies to Week 3 ONLY: July 1, 2024 to July 3, 2024

Please bring non-marking athletic shoes (NO black soles) and bottled water, drinks.

- Make-up class: No make-up class is allowed.

2024 Multiple Sessions Discount POLICY → Multiple Sessions_Discount applicable to **FULL Week Sessions Enrollment ONLY**. The discount rate is based on total number of sessions as:

Number of Sessions	1	2	3	4	5	6	7	8+
Discount	N/A	5%	5%	10%	10%	15%	15%	20%

CAMP CANCELLATION POLICY → NO REFUND after SUMMER CAMP Session Begins. 25% CLASS CREDIT for cancellation notice received within 14 days before start of Camp Week Enrolled. 100% Refund for cancellation received more than 15 days before start of Camp Week Enrolled. ** \$40.00 Administrative Fee will be applied to any and all Cancellation / Class Credit Processed. **NO REFUND for cancellation received less than 14 days before start of Camp Week Enrolled.**

Student Name: _____ DOB: _____ Gender: Male / Female

Telephone # _____ Email Address: _____

Address: _____

Parent / Guardian Name: _____ Contact #: _____

Hold Harmless Agreement

Indemnification. In consideration for myself and/or my child being allowed to participate in the subject activity, for myself, my heirs and personal representatives, to the extent allowed by law, I hereby waive and release all claims for damages I or my child now or may hereafter have against Seattle Badminton Club and their agents for any injuries and damages suffered in connection with my or my child's participation. I further agree to defend, indemnify and hold harmless Seattle Badminton Club and their agents from all claims for injury or death, or for loss or damage to property, filed by anyone against Seattle Badminton and their agents which arises out of my or my child's participation, except for injury or damage caused by the sole negligence of Seattle Badminton Club and their agents. I, the undersigned participant and/or parent or guardian of the minor participant, give my permission to have photos/video tapes taken, without recompense, during activities and used for publicity purposes.

Assumption of the Risk and Hold Harmless Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. Federal and State authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Seattle Badminton Club, Inc. (SBC) has put in place preventative measures to reduce the spread of COVID-19. However, SBC cannot guarantee that I, my spouse, my child(ren), unborn child, guests, or relatives will not become infected with COVID-19. Further, attending SBC could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge of the contagious nature of COVID-19 and voluntarily assume the risk that I, my spouse, my child(ren), unborn child, guests, or relatives may be exposed to or infected by COVID-19 by attending SBC for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any on-site or off-site program affiliated with SBC and that such exposure or infection may result in to severe illness, personal injury, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SBC may result from the actions, omissions, or negligence of myself or others, including, but not limited to, SBC owners, officers, employees, volunteers, or agents.

I, on behalf of myself, my child(ren), my heirs, my assigns or successors, personal representatives or family, as well as estate, hereby waive, release, discharge, not to sue, hold harmless and indemnify Seattle Badminton Club, Inc., its owners, officers, employees, volunteers, or agents from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

	Yes	No
Have you been in close contact with a suspected or a confirmed case of COVID-19 in the past 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing a cough, shortness of breath, or sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a fever (temperature of 100.4F or higher) in the last 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had vomiting or diarrhea in the last 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Have you returned from highly impacted areas subject to a CDC Level 3 Travel Health Notice?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice?	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understand the terms of this *Hold Harmless Agreement and Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement* and agree to its terms.

Parent Signature / Guardian Signature

Date