

**Hounsfield Heights / Briar Hill Youth Badminton Program
Application**

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(Please Print)

Name _____ Res. Phone (____) ____ - _____

Bus. Phone (____) ____ - _____

Email _____

Address _____

City _____

Postal Code _____

Birth date ____/____/____ Age ____ Gender ____M ____F
Year Month Day

Alberta Health Care Number (optional) _____

Please indicate relevant medical or physical limitations _____

Previous experience in the sport _____

Signature of parent or guardian _____

Date _____

Emergency contact available during program dates/times

Name _____

Phone - day (____) ____ - _____ evening (____) ____ - _____

Total Amount Owing _____ **Amount Enclosed \$** _____

This form may be duplicated.

_____ **Office Use only** _____

Application form received on _____

Outstanding payment required _____