

HAMILTON JUNIOR BADMINTON CLUB

REGISTRATION FORM



Full Name of Child: _____

Date of Birth: ____ / ____ / ____ **Age at 31st December:** _____

Gender: *(please circle)* Male / Female

Previous Playing Experience: _____ (number of years played / new)

Ethnicity: *(please circle)* Asian European Indian Maori/Pacific Island
NZ European Other _____

Address: _____

Home Phone: _____

Parent Mobile: _____

Parent Email Address: _____

Please note any medical conditions, e.g. asthma, etc:	

This information is given for the purpose of enrolment in the Hamilton Junior Badminton Club and permission is given for the above information to be passed on to any third party for the purpose of badminton.

IT IS AGREED THAT THE PARENT/CAREGIVER WILL ATTEND CLUB NIGHT AS A PARENT HELPER WHEN REQUIRED.

Signed: _____

Parent/Caregiver

Hamilton Junior Badminton Club – Account # 03-1557-0081842-00
Please use your childs' name as a reference

Receipt #: _____ **Cash/Chq/Internet** **Date:** _____