



# LIMESTONE BADMINTON CLUB MEMBERSHIP APPLICATION

Please complete, sign and date

First Name:

Last Name:

Address:                      Street    City    Province                      Post Code

Email

Address:

Fee:	Adult:	\$90	<input type="checkbox"/>
	Couple:	\$170	<input type="checkbox"/>
	Family (2 adults, 1 youth)	\$190	<input type="checkbox"/>
	Youth (U18)	\$40	<input type="checkbox"/>

PLEASE MAKE CHEQUE PAYABLE TO: LIMESTONE BADMINTON CLUB

Guest Fee: \$5.00 per night. Only three guest fees will be applied towards membership fees.

Guest:                      Date:                      Guest:                      Date:                      Guest:                      Date:

I am aware of the activities and content of the program for which I have registered and do hereby release the Limestone Badminton Club, its elected Executive Committee Members and all other Club Members from all claims for damages to myself or my personal property arising from participation in the Limestone Badminton Club program or in any facility or location where this program is held. (Youth members need parental signatures as well).

Signature of participant(s)

Print Name (s)

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

### YOUTH AGREEMENT TO WEAR MANDATORY GOGGLES WHILE PLAYING:

I agree to wear goggles while playing badminton at the Limestone Badminton Club. Failure to wear goggles will result in loss of playing.

Signature of Participant

Print Name

Date

_____	_____	_____
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