

FALCON BADMINTON CAMP (2019)

Dates: Mon. 6/24 - Thurs. 6/27

Location: SRHS Gym

Times: 9:00a – 11:30a (TH until 2p)

Ages: 7th–12th (2019-20 school yr.)

* limited to **50** participants

(open to all student-athletes, regardless of school)

Registration Fees: \$30 on/before June 11 (\$40 after June 11)

Questions? Contact Coach Crane at tcrane@sandi.net

_____	_____	Checks payable to: <u>SRHS</u> Mail to: SRHS c/o Badminton 10410 Falcon Way San Diego, CA 92131
Last Name	First Name	
_____	_____	
Address		
_____	_____	
City	Phone	
_____	_____	
Grade/School - <u>(2019-20)</u>	Emergency Contact & Phone Number	

Insurance Protection Waiver

Parent/Guardian/Care Giver must complete and sign the following athletic waiver of insurance as evidence of other insurance coverage in order for the participant to be eligible to participate in the Falcon Badminton Camp

I, _____(name), Parent/Guardian/Care Giver of _____(participant's name) do hereby declare that I am aware of the required insurance coverage specified and it is available through my insurance carrier. My child has medical insurance in the amount of at least \$1500 administered by _____ Insurance Co. Policy # _____, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing in the Falcon Badminton Camp. Therefore, I hereby release any personal associated with the Falcon Badminton Camp from any and all responsibility to provide insurance. I WILL NOTIFY THE STAFF OF ANY CHANGE OR LAPSE IN THE ABOVE POLICIES IMMEDIATELY.

SIGNATURE OF PARENT/GUARDIAN/CARE GIVER:

X _____