



# De Anza College Badminton Program

## Youth Clinics

### Winter 2014

**When:** 7 Saturdays, 12:30 - 2:30 PM (Beginner)  
1 Sunday\* 2:30 - 4:30 PM (Advanced Beginner)  
January 25, Feb 2\*, 8, 15, 22, Mar 1, 15, 22

**Venue:** De Anza College Gymnasium (PE21)  
21250 Stevens Creek Blvd, Cupertino CA.

**Cost:** \$200

**Program:** The De Anza College Badminton Clinics are designed for all youth players to receive professional guidance with the intent of improving footwork, strokes (net, drop, clear and smash shots), strategic/tactical awareness, and for everyone to have a fun experience and promote a lifelong relationship with exercise through this sport.

**Coach:** **Radu Milevschi, De Anza College Team Trainer, Coach at Bay Badminton Center** --- Radu most recently was USA Assistant Head Coach for 2009 Junior Pan Am Games, and in the past was named by the United States Olympic Committee as USA Badminton Developmental Coach of the Year. He has been training and playing competitive badminton since he was 10 years old. By high school, he was on the Romania National Junior Team. Radu has traveled the world playing competitive badminton, and now enjoys working with and supporting his students of all ages achieve their potential.

**Reserve your spot by contacting De Anza Head Coach Mark Landefeld at:**  
[landefeldmark@deanza.edu](mailto:landefeldmark@deanza.edu) (408-864-8541)

**Proceeds from these clinics support the De Anza College women's badminton team**

# De Anza College Youth Badminton Clinics

**Saturdays, 12:30 - 2:30 PM (Beginner)**  
**2:30 - 4:30 PM (Advanced Beginner)**  
**January 25, Feb 2 (Sun), 8, 15, 22, Mar 1, 15, 22**

**Information:** Participants should have a badminton racquet and appropriate shoes for a gymnasium floor (rubber, non-marking sole). Participation in sandals is not allowed. Participants should also have water in a container. No food is allowed in the gymnasium.

On occasion, the college may schedule an event which requires the postponement of a clinic session. In that case, we shall use Saturday March 29 to make up the session.

## Enrollment form

To enroll, please provide us with the following information and complete both the Foothill - De Anza Community College District Waiver and Release Of All Liability and the FHDA Medical Emergency Information and Consent To Provide Care (attached)

Please provide all information for all participants and enclose a check for \$200/participant payable to "De Anza College Badminton" and mail to:

Mark Landefeld  
Head Coach, De Anza College Badminton  
21250 Stevens Creek Blvd.  
Cupertino, CA 95014

Mail registration closes January 18th. After that date please contact Coach Mark at [landefeldmark@deanza.edu](mailto:landefeldmark@deanza.edu) for registration information.

Please cut on line below and retain the information above

-----

Participant name \_\_\_\_\_

Participant age: \_\_\_\_\_ Participant's School \_\_\_\_\_

Male / Female (circle one)    Grade in School \_\_\_\_\_

Badminton experience (please indicate)

Beginner      1-2 years      3-5 years

Parent name \_\_\_\_\_

Parent email \_\_\_\_\_



## FHDA Medical Emergency Information And Consent To Provide Care

Medical emergency information is required. Please do not leave any spaces blank. If Participant does not have insurance or a primary care physician/health care provider, please write "None."

Participant's Name: \_\_\_\_\_  
*Last, First*

Address: \_\_\_\_\_  
*Street, City, Zip*

Parent/Guardian's Name: \_\_\_\_\_  
*Print*

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

If I cannot be reached, please call:

Name: \_\_\_\_\_ Phone (C): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Patient ID No.: \_\_\_\_\_ Group ID No.: \_\_\_\_\_

Name of Primary Care Physician/Health Care Provider Information:

\_\_\_\_\_

Organization/Insurance Company Name:

\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Is there any additional emergency information you would like us to have? For example: specify insect, animal or food allergies; etc,

\_\_\_\_\_

\_\_\_\_\_

In an emergency, I consent to having FHDA provide immediate care to Participant and/or contact emergency personnel (911) to provide emergency treatment and/or transport to the nearest emergency facility.

By my signature, I authorize any medical provider to give all necessary medical care to the Participant. I agree to assume full responsibility for the costs of any treatment provided.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature Of Parent Or Legal Guardian

\_\_\_\_\_  
Printed Name of Participant,  
De Anza College Youth Badminton Clinics      Gym (PE21)

\_\_\_\_\_  
Signature  
Saturdays January 25 – March 29, 2014

Event Name

Location

Scheduled Date (s)



**Foothill - De Anza Community College District Waiver  
And Release Of All Liability**

I, \_\_\_\_\_, on behalf on my child/children,

\_\_\_\_\_, have voluntarily requested to participate in a Foothill De Anza Community College (“FHDA”) activity (hereinafter, “the Activity”). I am aware that attendance or participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that attendance or participation in the Activity could result in personal injuries, including death, and property loss or damage to me or any participant. **I VOLUNTARILY ACCEPT AND ASSUME ALL RISK OF INJURY OR DEATH TO ME OR MY CHILD FROM ATTENDING OR PARTICIPATING IN THE ACTIVITY.**

In consideration of being permitted to participate in the Activity, I agree, on behalf of myself, my spouse, and my dependents, including any who are participating in the Activity, **TO HOLD FHDA AND ITS EMPLOYEES, AGENTS AND CONTRACTORS HARMLESS FROM, AND TO INDEMNIFY THEM AGAINST, ANY LIABILITY CLAIM THAT MAY ARISE FROM INJURY OR DEATH OCCURRING FROM OR IN CONNECTION WITH THE ACTIVITY, INCLUDING SUCH CLAIMS BASED UPON THE ALLEGED NEGLIGENCE OF FHDA, ITS EMPLOYEES, AGENTS AND CONTRACTORS.** Therefore, I am agreeing not to sue the Released Parties for any personal injury or property damage, even if Released Parties’ negligence contributed to the injury or damage, resulting from my child’s and/or my attendance or participation in the Activity.

To accomplish that end I agree to and do **RELEASE FHDA, ITS EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL SUCH CLAIMS,** and I specifically waive Section 1542 of the California Civil Code, which reads as follows:

**A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.**

The provisions of this waiver form are severable and if any one or more provisions are determined to be unenforceable, in whole or in part, the remaining provisions and partially enforceable provisions shall be binding and enforceable.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT RELEASES FHDA AND OTHERS FROM ALL LIABILITY RELATED TO MY AND/OR MY CHILD’S ATTENDANCE AND PARTICIPATION**

in the **ACTIVITY:** De Anza College Youth Badminton Clinics , Saturdays Jan. 25 – March 29, 2014.

*Name and Date of Event*

Printed Name of Participants/Children \_\_\_\_\_

Printed Name of parent or legal guardian \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_

Date: \_\_\_\_\_