



De Anza College Badminton Program

Youth Clinics

Early & Late Spring 2019

- When:** Two 5-clinic session on Sundays
Early Spring – March 17, 24, April 7, 14, 21
Late Spring – April 28, May 5, 12, 19, June 2
12:00 PM – 2:00 PM (Grades 4-6)
2:00 PM - 4:00PM (Grades 7-11)
- Venue:** De Anza College Gymnasium (PE21)
21250 Stevens Creek Blvd, Cupertino CA.
- Cost:** \$200 / session or \$350 Early & Late Spring bundle
- 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.
- Lead Coach :** **Radu Milevschi, De Anza College Team Trainer** -- Radu served as 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. 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.

Clinic sessions will be presented by various members of the Intercollegiate coaching staff assisted by members of the college team.

Registration forms and more information at

<http://www.deanzabadminton.com>

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

Head Coach: Mark Landefeld landefeldmark@deanza.edu

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12:00 PM – 2:00 PM (Grades 4-6)

2:00 PM - 4:00PM (Grades 7-11)

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 may be eaten in the gymnasium.

On occasion, the college may schedule an event which requires the postponement of a clinic session. In that case, make-up dates will be announced; no sessions are refunded.

More info and FAQ at: <http://www.deanzabadminton.com>

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 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 March 12th for Early Spring session and April 22nd for Late Spring session After these dates please contact Coach Mark at landefeldmark@deanza.edu for registration information.

(cut here and retain info above) -----

Participant name _____ Participant age: _____

Participant's School _____ Grade in School ____ Male / Female (circle one)

Clinic (please circle session for enrollment, circle both for \$350 bundle)

Early Spring Session (Mar 17 – April 21)

Sundays: (Grade 4-6) 12:00 PM-2:00 PM - \$200 Grade (7-10) 2:00 PM - 4:00 PM - \$200

Late Spring Session (Apr 28 – June 2)

Sundays: (Grade 4-6) 12:00 PM-2:00 PM - \$200 Grade (7-10) 2:00 PM - 4:00 PM - \$200

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, Signature
De Anza College Youth Badminton Clinics Gym (PE21) March 17 – Dec 31st, 2019

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 , March 17 – Dec 31st, 2019

Name and Date of Event

Printed Name of Participants/Children _____

Printed Name of parent or legal guardian _____

Signature of parent or legal guardian _____

Date: _____