

De Anza College Badminton Program

(3C2A College State Champs 2013, 2014, 2022, 2023 & 2025) presents

Summer Badminton Camps 2025

When: Three 4-day camp programs, Monday - Thursday for grades 5-11

June 16-19 (Camp I) 6:00 PM – 8:30 PM July 7-10 (Camp II) 6:00 PM – 8:30 PM Aug 4-7th (Camp III) 9:30 AM – 11:55 AM

Venue: De Anza College Gymnasium (PE21)

Stevens Creek Blvd, Cupertino CA.

Cost: \$275 per week

Program: The De Anza College Summer Camp sessions 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, but with an increased "summer" spirit through greater playing opportunities compared to our

usual clinic lessons

Coaches: Jay Dinh, Natalie Zeitman, and Malaya Paras-Mangrobang, De Anza College

Assistant Coaches – Coach Jay was a captain on the 2014 State Champions and has been a coach in the program for six years, earning De Anza College "Assistant

Coach of the Year" award in 2022. She has also coached at Mitty HS. Coach Natalie is a former State Qualifier in Doubles and has been a staff coach since 2021. Malaya was a key part of the 2022 and 2023 State Championship teams, winning a doubles State Championship along the way. She also coaches the Basis

Independent HS program in Fremont

Camp sessions will also 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.net

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

Head Coach: Mark Landefeld landefeldmark@fhda.edu

Summer Youth Badminton Camp 2025

A 4-day camp program, Monday - Thursday for grades 5-11

June 16-19 (Camp I) 6:00 PM – 8:30 PM July 7-10 (Camp II) 6:00 PM – 8:30 PM Aug 4-7th (Camp III) 9:30 AM – 11:55 AM

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 camp session. In that case, make-up dates will be announced; no sessions are refunded.

More info and FAQ at: http://www.deanzabadminton.net

Enrollment form

To enroll, please provide us with the following information and complete both the <u>Foothill - De Anza Community College District PERMISSION / RELEASE & WAIVER OF LIABILITY / MEDICAL RELEASE FORM for a Minor, and PARTICIPANT INFORMATION</u> (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

Returners may drop off registration at the June 7^{th} regular clinic sessions (12 AM - 3 PM). Mail registration should be postmarked June 9^{th} for camp session I. After June 9th, please contact Coach Mark at landefeldmark@fhda.edu for registration information.

ENROLLMENT FORM (cut h	ere and retain info above)		
Participant name	Participant age:		
Participant's School	Grade in School Male / Female (circle one)		
Clinic (please circle sessio	n for enrollment) \$275		
Camp I (Jun 16 – 19th)	6:00 PM - 8:30 PM		
Camp II (Jul 7 – 10th)	6:00 PM - 8:30 PM		
Camp III (Aug 4 – 7th)	9:30 AM – 11:55 AM		
Parent name			
Parent email			

Foothill-De Anza Community College District De Anza College Youth Badminton Clinic

PARTICIPANT INFORMATION – REQUIRED TO PARTICIPATE

All sections of this Agreement must be completed, with the signed original turned in the first day of **Program**, before Participant will be allowed to participate in any manner in the **Program** Activity.

ENERAL INFORMATION			
Minor First Name:	Last Name:		
Grade/School:	Date of Birth:		
Parent/Guardian 1 First Name:	Last Name:		
Best Number to Reach You:	Email:		
Parent/Guardian 2 First Name:	Last Name:		
Best Number to Reach You:	Email:		
Special Instructions to Reach Parent(s) (if any):			
n the event of an emergency, the parent(s) listed above will be notified first nable to be notified. All emergency contacts below are authorized to pick. Name of Emergency Contact 1:	k-up Minor Participant for non-emergency purposes: Phone Number:		
Name of Emergency Contact 2:	Phone Number:		
Physician's Name or Medical Group:	Phone Number:		
Medical Record Number (or other medical identification Number):			
OOD ALLERGIES/MEDICAL CONDITIONS			
ANY KNOWN FOOD ALLERGIES / DIETARY LIMITATIONS:			

PERMISSION / RELEASE & WAIVER OF LIABILITY / MEDICAL RELEASE FORM for a Minor

A parent or legal guardian must complete the following authorization form if Participant is under 18 years of age. This form must be on file with **De Anza College Physical Education Department ("Program")** in order for the participant to attend the on-campus / not-enrolled-for-credit program or activity. Due to the nature of this Program, Participants are hereby advised of inherent risks of possible injury in taking part in this activity

PERMISSION / RELEASE & WAIVER OF LIABILITY / MEDICAL RELEASE FORM for a Minor (cont'd)

Activity Description: De Anz	za College Youth Badm	inton Clinics 2025 - 26			
Program Activity Date(s) and	Time(s):				
Location(s) : De An	ubsequent sessions (Ju iza College - PE21 Gymi k Blvd. Cupertino, CA 950		026)		
I, the undersigned, certify tha	t I am the parent/legal gu				
As the parent/legal guardian, De Anza College.	I hereby authorize the al		rticipant name) cipate in the Program Activity at		
College District, its directors, "District") from any and all proby me or a third party arising claims of the District's neglig illness, damages, or econom "Claims"). I agree to indemnit	ischarge, hold harmless a employees, agents, voluesent or future liability, cl out of, or in connection vence, resulting in any physic or emotional loss suffer fy and hold harmless the	and covenant not to sue the inteers and affiliates (hereinalms, demands, actions or with minor's participation in ysical or psychological injuered because of minor's participation of the proof of the	e Foothill-De Anza Community n collectively referred to as rights of action, whether asserted the above activity, including ry (including paralysis and death),		
Medical Care / Emergency:					
I give permission to the De in the event of minor injury		aff to deliver basic first-aid	evaluation and treatment to my child		
treatments including conse	ent to any x-ray examinati District Faculty sponsor d	on, anesthetic, medical, de eems necessary for the sa	n, emergency medical care and/or ental or surgical diagnosis or treatment, fety and protection of the minor, and		
	dicine, etc.) and physical		sychological difficulties and serious understanding that the District will not		
	(List ı	medical conditions			
instructors without permissio may include but is not limited other material, being aggress	n. Participant must not be d to the following: talking sive with other participan cipate in badminton activi	e disruptive in the designat when it does not relate to t ts, eating or drinking in the ties, leaving cell phone on,	sium area and not wander away from ed gymnasium area. Disruptive behavior he discussion topic, sleeping, reading designated gymnasium area without texting, and engaging in any other		
Participants who engage in disruptive behavior will be approached by the staff and may be given a verbal warning. If the disruptive behavior continues, District Officials reserve the right to dismiss any Participant who does not obey the Rules and Code of Conduct and/or misbehaves and the parent shall be responsible to remove the minor child from the college.					
Signature					
I have read the above and un		_	all knowledge of its significance.		
Name of Parent /Legal Guardian:					
	Print Name	Signature	Date		