



# De Anza College Badminton Program

*(California Community College State Champs 2013, 2014, 2022, 2023)*

presents

## Summer Youth Camp 2024

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

June 17-20 (Camp I) 6:15 PM – 8:45 PM

July 15-18 (Camp II) 6:15 PM – 8:45 PM

Aug 5-8<sup>th</sup> (Camp III) 9:15 AM – 11:45 AM

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

**Cost:** \$275 per camper (\$700 for all 3 camp sessions)

**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

**Lead Coaches:** Jay Dinh and Natalie Zeitman, 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.

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.com>

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

**Head Coach:** Mark Landefeld [landefeldmark@fhda.edu](mailto:landefeldmark@fhda.edu)

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**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.net>

## **Enrollment form**

To enroll, please provide us with the following information and complete both the Foothill - De Anza Community College District PERMISSION / RELEASE & WAIVER OF LIABILITY / MEDICAL RELEASE FORM for a Minor, and PARTICIPANT INFORMATION (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 9<sup>th</sup> regular clinic sessions (12 AM – 4 PM). Mail registration should be postmarked June 10<sup>th</sup> for camp session I. After this date, please contact Coach Mark at [landefeldmark@fhda.edu](mailto:landefeldmark@fhda.edu) for registration information.

**ENROLLMENT FORM** (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)      \$275      \$700 for all three**

**Camp I (Jun 17 – 20th)                      6:15 PM – 8:45 PM**

**Camp II (Jul 15 – 18th)                      6:15 PM – 8:45 PM**

**Camp III (Aug 5 – 8th)                      9:15 AM – 11:45 AM**

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

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

# Foothill-De Anza Community College District

## De Anza College Youth Badminton Clinic

### 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 oncampus / 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.

**Activity Description:**

De Anza College Youth Badminton Clinics 2024 - 25

**Activity Date(s) and Time(s):**

Summer Camp & subsequent sessions (Jun. 17th, 2024 – June 30, 2025)

Location(s): De Anza College - PE21 Gymnasium

21250 Stevens Creek Blvd. Cupertino,

CA 95014

I, the undersigned, certify that I am the parent/legal guardian of \_\_\_\_\_.  
*(print participant name)*

As the parent/legal guardian, I hereby authorize the above named minor to participate in the **Program Activity** at De Anza College.

**Release/Indemnification.** The Parent/Legal Guardian hereby consents to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue the Foothill-De Anza Community College District, its directors, employees, agents, volunteers and affiliates (herein collectively referred to as "District") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of, or in connection with minor's participation in the above activity, including claims of the District's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss suffered because of minor's participation in this Activity (the "Claims"). I agree to indemnify and hold harmless the District for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Medical Care / Emergency:**

I give permission to the De Anza Health Services staff to deliver basic first-aid evaluation and treatment to my child in the event of minor injury or illness.

In the event of any medical emergencies, I authorize emergency transportation, emergency medical care and/or treatments including consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the District Faculty sponsor deems necessary for the safety and protection of the minor, and agree to be financially responsible for any medical services rendered.

I also want the District to know about all current medical problems including psychological difficulties and serious allergies (animal, food, medicine, etc.) and physical limitations as listed below, understanding that the District will not administer medicine during the program:

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*(List medical conditions)*

**COVID-19:** I am fully and personally responsible for my child's safety and actions while participating in this Activity. I have been informed and understand there remains a risk of exposure to COVID-19. I acknowledge that all participants in this Activity are required to follow protocols and policies/procedures of the District and Santa Clara County Health Department regarding COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 may still exist.

**Rules and Code of Conduct:** Participant must remain in the designated gymnasium area and not wander away from instructors without permission. Participant must not be disruptive in the designated gymnasium area. Disruptive behavior may include but is not limited to the following: talking when it does not relate to the discussion topic, sleeping, reading other material, being aggressive with other participants, eating or drinking in the designated gymnasium area without permission, refusing to participate in badminton activities, leaving cell phone on, texting, and engaging in any other activity not related to badminton activity (without permission). Participant who engage in disruptive behavior will be approached by the instructor 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 understand its terms and I sign it voluntarily and with full knowledge of its significance.

Name of Parent

/Legal Guardian:

Print Name

Signature

Date

**Must also complete PARTICIPANT INFORMATION form (next page).**

# 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.

## GENERAL 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):	

## EMERGENCY MEDICAL INFORMATION

In the event of an emergency, the parent(s) listed above will be notified first. Please list additional emergency contacts below in case the parent(s) are unable to be notified. All emergency contacts below are authorized to pick-up Minor Participant for non-emergency purposes:

Name of Emergency Contact 1:	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):	

## FOOD ALLERGIES/MEDICAL CONDITIONS

ANY KNOWN FOOD ALLERGIES:	
OTHER MEDICAL CONDITIONS THAT CAMP STAFF SHOULD BE AWARE OF:	
DIETARY LIMITATIONS:	