

Badminton Club Registration Form

Full Name: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Address: _____

City: _____

Postal Code: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Membership Type (Annual/Monthly): _____

Skill Level (Beginner/Intermediate/Advanced): _____

By signing below, I agree to abide by the rules and regulations of the club.

Signature: _____ Date: _____