



## Egret Star Team Schedule

**Sep4-Oct 29, Oct 30-Dec 23,2017, Jan 2-Feb 26,2018**

**Schaumburg: 1251 Basswood Rd, Schaumburg, IL**

Team 1 A /B	Monday 6:30pm-8:30pm	
For 8 weeks	Tuesday 6:30pm-8:30pm	
	Thursday 6:30pm-8:30pm	
	Saturday 2:00pm-5:00pm	
High school	Monday 6:30pm-8:30pm	
For 8 weeks	Tuesday 6:30pm to 8:30pm	
	Saturday 2:00pm-5:00pm	
	Sunday 10:00am-12:00pm	
Team 2 A/B		
For 8 weeks	Thursday 6:30pm-8:30pm	
	Saturday 2:00pm-5:00pm	
	Sunday 10:00pm-12:00pm	
<b>**12/26 to 12/30**</b>	9:30am to 5:00pm	Fee
<b>5 day camp</b>	Include lunch	\$290

\*Team A/B the classes include 3 times a week the conditioning training each time). Also of a year we will out of state join 2-3 times the supper regional and JN national tournament, and 8/2018 the Junior Nationals tournament. So, it's very important allow our training schedule this time and future plan.



## Egret Star Team Class Fees

**\*\*\* 3/5-6/3/2017(12 weeks) ned pay one time\*\*\*\***

<b>Time</b>	<b>8 weeks Fees</b>	
Two days per week	\$365	
Three days per week	\$480	
Four days per week	\$560	Team A/B

### **Attention:**

- Please pay the training fees to the front desk and fill out the application forms as soon as possible;
- Sign up: Each session start 10 days early before pay will get 5% off. One time sign two session get 10% off.
- if you pay two days after class has started, you will be charged extra 5%.

**\*\*** As for making up classes, if you miss team class, you have to go to regular class for making up or contact front desk (write a note), we can try to fix the best level for you. If you have any questions, please email call Coach Helen (cell:630-999-5333) about that.

# Egret Badminton Training Center Registration Form

*Egret Enterprise Inc.*

www.badmintontrainingcenter.com | (847) 285-5788 | egretchicago@gmail.com

PLEASE PRINT

For Office Use Only | Checked by \_\_\_\_\_ Date \_\_\_\_\_  
 Payment Information | Amount: \_\_\_\_\_  
 \_\_\_\_\_ Check (Check # \_\_\_\_\_) \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  Yes, add me to the email list

Program Name	Program Dates & Time	Fee
Total \$		

REFUND POLICY: All refunds will be charged a \$5 processing fee. Our refund policy is 100% up to 10 days before class starts and 50% up to 24 hours after 2<sup>nd</sup> class. LATE PAYMENT POLICY: If payment is late, 10% additional charge will apply.

### LEGAL NOTICE AND WAIVER

I, \_\_\_\_\_ (PRINT NAME), by signing my name hereafter, hereby declare and acknowledge that I have read and understood this Legal Notice and Waiver before signing my name and that I fully understand that badminton, like any other sport, may give rise to and involve inherent risks and dangers that may happen in the course of or in connection with travel to and from the site of the activity, tournament or practice, physical contact with racquets or shuttlecocks, and the conducts of other participants; that the risks and dangers may include but are not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injuries to virtually all bones, joints, muscles and internal organs; that intense cardiovascular activities and conditioning may result in physical exertion; and that badminton involves a particularly high risk of eye, head, knee, and ankle injury. I further understand that the badminton activities in which I participate may be conducted at sites that are remote from available medical assistance, and nonetheless agree to proceed with such activities in spite of the possible absence of medical assistance. In consideration of the risks and dangers, I declare that I am knowingly, freely and voluntarily participating in this Program with a full awareness of the dangers and risks arising from or in connection with this Program; and that I hereby agree to accept any and all risks of any and all property damages, personal and/or bodily injuries or harms, or death.

In connection with my participation, I shall hereby release and discharge, now and in the future forever, Egret Enterprises Badminton Training Program and Egret Enterprises, Inc., including all of its coaches, instructors, administrators, volunteers, agents, shareholders, officers, staff, and representatives and any other participants in this Training Program, including but not limited to the other team members or volunteers, from any present and future claims, including negligence, property damages, personal or bodily injuries or harms, wrongful death or any other losses or damages of any kind, nature and form, which may arise from, have any connection with, or is otherwise related to my participation in this Training Program or any of the badminton academy activities.

Furthermore, I also knowingly, freely, and voluntarily waive any and all claims, both present and future, arising from, relating to, or otherwise in connection with my participation in this Training Program or any of the badminton academy activities, including but not limited to, negligence, property damages, personal or bodily injuries or harms, wrongful death or any other losses or damages of any kind, nature and form.

By signing below, I acknowledge that I have read and understood the above Legal Notice and Waiver. Furthermore, I freely, knowingly and voluntarily agree to give up legal rights and/or remedies, which may be available to me, my parents or legal guardian, or any other party that may institute a claim on my behalf. I further agree to bear and pay for any and all costs, including any attorney's fee, court fee, court reporter's fee, expert witnesses, investigation, or any other relevant costs and expenses, with which Egret Enterprises, Inc. and its shareholders, officers, and agents may be burdened by or in connection with my claims.

\_\_\_\_\_  
 Signature (of participant or parent/legal guardian if participant is under 18 yrs. old) \_\_\_\_\_ Date

Emergency Contact Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_