

## JUNIOR WINTER PROGRAM 2025

| Tuesdays (4 weeks)     |                              |                                     |                                      | Thursdays (4 weeks)    |                              |                                      |                                      |
|------------------------|------------------------------|-------------------------------------|--------------------------------------|------------------------|------------------------------|--------------------------------------|--------------------------------------|
| February<br>4,11,18,25 | Intermediate<br>Fundamentals | 5.00-<br>6.00pm<br>6.00 –<br>7.00pm | Member: \$96<br>Non-member:<br>\$156 | February<br>6,13,20,27 | Fundamentals<br>Fundamentals | 5.00 –<br>6.00pm<br>6.00 –<br>7.00pm | Member: \$96<br>Non-member:<br>\$156 |

- Focus is on understanding and practicing the fundamentals of badminton.
- Clean, non-marking proper athletic footwear (no slip on or skate shoes) required. Street shoes must be left at the club entrance.
- Shuttles are provided.
- Please bring your own water bottle. Lightweight starter rackets can be purchased from the Pro Shop.
- Please call or email if unable to attend a lesson thanks!
- Please be aware there are no make-up classes or refunds for missed lessons.

| Player's name:  |              | \             | /ear of birth:        |  |  |  |  |  |
|---|--------------|---------------|-----------------------|--|--|--|--|--|
| Home tel:   | email:       |               |                       |  |  |  |  |  |
| City/Region:  |              | 🗆 Receive Cl  | ub Bulletin by email? |  |  |  |  |  |
| Physician's name:   |              | Tel:          |                       |  |  |  |  |  |
| Emergency contact:  |              | Tel:          |                       |  |  |  |  |  |
| Known medical conditions:   |              |               |                       |  |  |  |  |  |
| Alberta Health Care #:  |              |               |                       |  |  |  |  |  |
| I give permission for my child to participate in this program. In case of injury or illness the Red Willow Badminton Club will not be held responsible. |              |               |                       |  |  |  |  |  |
| Parent/guardian signature:  |              | Date:         |                       |  |  |  |  |  |
| AMOUNT PAID: \$ CASH  | I 🗆 VISA 🗆 🛛 | M/C □ INTERAC | □ ETRANSFER □         |  |  |  |  |  |
| 80 Boudreau Road St. Albert, AB T8N 5N4   | www.redw     | villow.ca     | 780 460 2441          |  |  |  |  |  |