

**Registration Form  
Badminton Camp Saturday 18<sup>th</sup> February 2012  
Birmingham University, Munrow Sports Centre, Edgbaston. B15 2TT**

Name of player:	
Address:	
Date of birth:	Age of player:
Telephone:	Mobile:
Name of parents:	
Parent/Guardian e-mail address:	

<b>Name of first contact &amp; relationship to player:</b>			
Address:			
Telephone number:		Mobile:	

<b>Medical Information:</b>			
Allergies:			
Date of last Tetanus:			
Medication taken regularly:			
Other information:			

I give permission for my child to receive emergency medical attention in my absence. I will inform the coach of any telephone numbers, if different from above whilst my child is under their care.  
I do consent / I do not consent:  
Signed Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Occasionally photographs/videos will be taken for promotional/coaching purposes, Please indicate your consent.  
I do consent / I do not consent:  
Signed Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

<b>Session attending:</b>	<b>10:00 - 12:00</b>	Yes/No	<b>13:00 - 15:00</b>	Yes/No
<b>Cheques payable to "West Midlands Performance Centre"</b>				

**Payment & Registration Form to be sent to:  
Stephanie Cartwright-Randle  
88 Arden Road, Acocks Green, Birmingham. B27 6AQ.**