

BADMINTON SCHOOL APPLICATION FORM

Please fill out this form completely and return it to the Sri Lanka Badminton Association.

PERSONAL INFORMATION:

Full Name: _____

Date of Birth: _____ Age: _____

Gender: Male / Female

Address: _____

Email: _____ Phone: _____

PARENT/GUARDIAN INFORMATION:

Full Name: _____

Relationship to Applicant: _____

Phone (Parent/Guardian): _____

BADMINTON EXPERIENCE:

Years of Playing Badminton: _____

Level of Experience: Beginner / Intermediate / Advanced

EMERGENCY CONTACT:

Full Name: _____

Relationship to Applicant: _____

Phone: _____

MEDICAL INFORMATION:

Please list any medical conditions, allergies, or special needs of the applicant:

CONSENT AND AGREEMENT:

I hereby apply for enrolment in the Badminton School organized by the Sri Lanka Badminton Association. I understand and agree to abide by the rules and regulations of the school.

Applicant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____