BADMINTON ONTARIO

**Western Ontario Badminton Association**

**2018-2019 Club Affiliation Form (Insurance at bottom)**

Please complete this ENTIRE form if you require both affiliation & insurance.

Photocopy for your records, and send with your fee, to:

**WOBA c/o Jeff Goldsworthy 338 Bridle Path Court Waterloo Ont. N2L 6A3, Scan** [**info@wobabadminton.com**](mailto:info@wobabadminton.com) **or Fax 519-886-5540**

Please note: This form is used to update the B.On and WOBA website - *Where to Play*

|  |  |  |  |
| --- | --- | --- | --- |
| **Club Name:** |  | Facility Name: |  |
| Club/Facility address: |  | Nearest  Intersection: |  |
| City/postal code |  |  |  |
|  |  |  |  |
| Club email: |  | Club web site: |  |
|  |  |  |  |
| Club type: | Adult Junior Adult & Junior (please circle one) | Days open: | (please circle) M T W T F S S |
|  |  |  |  |
|  | **Club contact (for mailings and inquiries):** |  |  |
| **Name:** |  | Email: |  |
| Position: |  |  |  |
| Mailing address: |  |  |  |
|  |  |  |  |
| Phone (Home): |  | Cell: |  |
|  |  |  |  |
|  | **Membership Numbers:** |  |  |
| Junior  (Under 19): | Male: Female: | Senior  (Over 19): | Male: Female: |
| Officials\*: | Male: Female: | Coaches\*: | Male: Female: |
| *\*Do not include coaches/officials in junior, senior or master count. Please leave separated out. Thank you!* | | | |
| Master (Over 35): | Male: Female: | TOTAL: |  |
|  |  |  |  |
| ***Please submit a list of names of club players, noting who are coaches & officials. Please identify their gender as the government requires this info.*** | | | |
|  |  |  |  |
|  |  | ***Note: Fees are due December 31, 2018 along with this form*** | |
| **Level 1:** | **$200** |  |  |
| **Level 2:** | **$435** | **Total Fees enclosed:** | |
| **Level 3:** | **$640** |  |  |

**2018-2019 Insurance Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **$5 million General Liability Insurance is included with your Affiliation. (valid from January 1, 2019 until December 31, 2019)** | | | |
|  |  |  |  |
| **\*\*Additional:** | **Player’s Sport Accident Coverage (within Canada)** |  | *\*\*Accident coverage is OPTIONAL* |
|  | Fee enclosed $1.50 per member: |  |  |
|  |  |  |  |
| **Important**: | Please name your school board for additional insured: |  | |

**If a badminton camp is run as part of the club’s badminton programme, all those players not listed separately as club members must be listed and the fee paid. The players, by paying the camp fee, become members of the club for the duration of the camp.**

Our club agrees to affiliate with our district immediately on receipt of the forms from the District Executive. We also agree to meet the requirement of this insurance program, providing an update of our membership and coaching staff by December 31, 2017.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_