Welcome to
Falcons Junior Badminton Club 2025/26

Useful information for players and their parents/carers

Falcons Badminton Club is a long established junior club run by volunteers. Falcons are a Badminton England affiliated club and open to children between ages 9-16 years. The club plays during term time, on Tuesday evenings between 6-7pm at the Queen Elizabeth's Grammar School, Faversham – Sport Hall.

Season term dates (No play during half term):
2 September 2025– 16 December 2025 (half term 21 & 28 October – no badminton)
6 January 2026 – 31 March 2026 (half term 17 February – no badminton)
21 April 2026 – 24 June 2026 (half term 26 May – no badminton)

Cost
Annual joining fee £15 – this includes Badminton England membership
Membership fees to be paid at start of each term - £33
Payment via Cash/ BACS: Falcons Badminton Club, s/c 30-99-08, Acc No. 21990060

Junior League
For the 2025/26 Season Falcons have the option of entering a team in the local North Foreland Badminton events. Giving an opportunity for fun but competitive badminton against other junior clubs, for those children which would like to participate, this will be subject to sufficient number of players being interested.

Dress Code
In order to maintain a reasonable dress standard on court players are asked not to wear: jeans or non tracksuit type trousers, caps, non-marking footwear must be worn.

Club shirts: see: www.favershambadminton.co.uk

Coaches

Kevin Williams
Badminton England – Qualified coach (Coach Part 1)

Ben Rogers
Badminton England – Qualified coach (Coach Level 1)

Parental Consent Form

1. Details of Badminton Activity:

Name of coaching programme, event, travel details Falcons Junior Badminton Club – Club membership			
From (Date/Time)	2 September 2025	To (Date/Time)	30 June 2026

2. Personal Details of Child (Under 18)

Name		Date of Birth	
Home Address			
Home Phone Number		Mobile Phone Number	

3. Emergency contacts:

Please provide details of 2 people we can contact in an emergency (one should be the parent/guardian)

Name		Relationship to child	
Home Address (if different from above)			
Home Phone No		Mobile Phone No.	
Email address			

Name		Relationship to child	
Home Address (if different from above)			
Home Phone No		Mobile Phone No	
Email address			

4. Medical information about your child

a. Any conditions requiring medical treatment, including medication?	YES / NO
If YES, please give brief details:	
b. Please outline any special dietary requirements or allergies for your child	

I agree to my child (named above) taking part in this activity. I agree to their participation in the activities described in the itinerary and the procedures and rules. I acknowledge the need for them to behave responsibly

Signed (Parent/Guardian)		**Date**	

THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE ACTIVITY
A COPY SHOULD BE RETAINED BY THE SECRETARY OF THE ORGANISATION