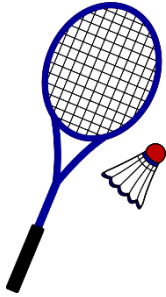


# Chatham Community Center

## Badminton



**Who:** Chatham residents, and non-residents provided Space is available.

**When:** Tuesdays and Thursdays 12:30-2:30 P.M.  
September 20 - December 29  
(no badminton 10/18, 11/8 and 11/24)

**Location:** Community Center Gym

**Registration Fee:** \$20 resident; \$30 non-resident

Please make checks payable to: "Town of Chatham"

**Description:** Learn to play a fun & challenging game that will give you a good work-out!

Clip here and return

X X

Badminton

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Residential Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are there any allergies, medications or health issues that we should know about?

In consideration of your accepting my entry, I, the undersigned adult participant, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. Further, I give my permission to receive medical treatment in the event of injury while participating in the above named program. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver. I agree that pictures taken during program hours may be used for future promotional purposes.

\_\_\_\_\_  
**Signature**

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

Registration Form Received By: \_\_\_\_\_

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

Paid: \_\_\_\_\_ Check #: \_\_\_\_\_