



ARLINGTON RECREATION

**Introductory**  
**8-wk fee only \$62**



# Youth Badminton

An Arlington Recreation Youth Badminton class is planned to introduce the sport of badminton to students in grades 4 thru 8. The class will be run by Stella Wei who has 15 years experience playing badminton both competitively and for fun. Stella coached high school badminton in California for 5 years. The 8-week course will be held at the Cyrus Dallin Elementary School gym on Florence Avenue in Arlington starting on January 31, 2008 from 6 pm to 7 pm. The fee to attend this introductory session will be only \$62.

If you are interested, send your name, & child's name, plus information requested in the form below, to JoeConnelly@town.arlington.ma.us; or fax (781-641-5495) or mail the form to Arlington Rec at address below. Plastic birds will be supplied and rackets will be available to use and for purchase; there will be no class on Feb. 21.



for: **GRADES - 4th to 8th**  
at: **Dallin School Gym 6 to 7 pm**  
on: **Thursdays Jan 31 to March 27**  
**Introductory 8-week fee only \$62**

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PARTICIPANT'S FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_ MALE \_\_\_ FEMALE AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
 PRIMARY GUARDIAN: \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 TOWN, STATE, ZIP: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

Please Note Any Allergies, Medications or Physical Limitations: \_\_\_\_\_

I, the undersigned parent/gardian of a minor named: \_\_\_\_\_, do hereby consent to my child's participation in voluntary athletic or recreation programs of the Town of Arlington Recreation Division. I also agree to forever release the Town of Arlington, Arlington Recreation, and all their employees, agents, commission members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Arlington-Recreation Division ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Arlington-Recreation Division's voluntary athletic or creation programs. I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Arlington-Recreation Division's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Arlington-Recreation Division's athletic and recreation programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Arlington-Recreation athletic or reecreation programs. I further consent to pictures to be taken of my child for promotion &/or advertisement of program.

SIGNED: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_  
 ONLY VISA OR MASTERCARD EXP \_\_\_\_\_ MAKE CHECKS PAYABLE TO:  
 CREDIT CARD PAYMENT #: \_\_\_\_\_ DATE: \_\_\_\_\_ **\$62** **ARLINGTON RECREATION**

**ARLINGTON RECREATION YOUTH BADMINTON AT 422 SUMMER STREET, ARLINGTON 02474 — 781-316-3880**