



April 25 - 26, 2009

Washington State Junior Championship Open Tournament

- Location:** **Bellevue Badminton Club:** 13405 SE 30th Street, Suite B, Bellevue, WA 98005
<http://www.bellevuebadminton.com> Phone: 425-562-2950. Only **Non Marking Shoes** are allowed in courts.
- Schedule:** **4/25/09 Saturday 8:30 AM** – Registration; **9:00 AM** -- Matches Start (subject to change)
4/26/09 Sunday 10:00AM – Finals and Semi-Finals (if necessary)
- Timeliness:** Please **register** 15 minutes before your first match. 10-minute default rule will be enforced. Warm-up limited to 3 minutes. Tentative draw available Wed 04/22/09 and will be posted on www.tournamentsoftware.com and www.northwestbadminton.org
- Format:** **Drop flight with consolation or round-robin pool.** 2 matches minimum per event. Age categories may be combined if insufficient entries. All matches will use rally point scoring to **21** points.
- Eligibility:** Players must be under the age division as of 12/31/2009. Players may compete in up to three events; however, you are allowed only one doubles and one mixed doubles event. Under special circumstances, the tournament committee may allow players to play a 4th event. Out of state and international players are welcome.
- Fees:** First event \$20, 2nd event, \$10 and 3rd event \$5. \$10 surcharge if payment is made at the door except for Canadian players. US currency only.
- Fees cover:** T-shirt, medals, shuttlecocks and gym rental.
- Deadline:** Must be received by Doris Ng by Friday 04/10/09
- Tournament Directors:** Doris Ng doris.ng@comcast.net 425-442-3338 or Nino Gonzales eninog@yahoo.com

**Protective
Eyewear highly
recommended.**

Event	MS	WS	MD	WD	MXD	Doubles Partner	Mixed Partner
						First and Last Name	First and Last Name
Please put "REQUEST" if you do not have a partner.							
U11 Born in 1999 or later							
U13 Born in 1997 or later							
U15 Born in 1995 or later							
U17 Born in 1993 or later							
U19 Born in 1991 or later							
U22 Born in 1988 or later							

Name: _____ Phone: _____ # of event(s): _____ \$ _____

Address: _____ Total Amount: _____ \$ _____

_____ Date of Birth: _____ Email: _____

T-Shirt Size (Circle one): **Adult S M L XL** **Youth S M L XL**

Make check payable to: Washington State Badminton Association (WSBA)
 Mail entry form, fee and waiver to: **Doris Ng, 12111 SE 47th Pl., Bellevue, WA 98006.**

Waiver and Release of Liability

Note: This form must be read and signed before the participant is permitted to take part in event sessions. By signing this agreement, the participant affirms having read it.

In consideration of my involvement at the 2009 Washington State Junior Championship under the auspices of Washington State Badminton Association (WSBA), I acknowledge, appreciate, and agree that:

1. I risk bodily injury, including paralysis, dismemberment, disability, and death, and while particular rules of the sport, equipment, and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to or loss of property.
2. I knowingly and freely assume all such risk; both known and unknown, even if arising from the negligence of the releases of others;
3. I willingly agree to comply with the state and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and refrain from participation; and
- 3a. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and promise not to sue WSBA, the committee, their sponsors, their officers, volunteers, staff, sponsors and/or agents, ("releasees") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the releasees, the condition of the premises or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law.
4. I agree to be bound by the rules and regulations as determined by WSBA and I hereby stipulate that I am eligible to play in the events for which I am applying and that I understand that the above mentioned make no representation or warranty with respect to the condition of the premises or the operation of the event.
5. I hereby grant to WSBA, it's licensees and contractees including photographers, television and motion picture rights including to film or videotape me during matches, narratives, personal interviews, or comment thereon for any and all commercial, news or other purposes together with the right to transfer or grant their rights to others, all without remuneration or compensation to me whatsoever.

I have read this Release of Liability and Waiver Agreement, fully and understand the terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. And I further acknowledge by their presence that I am aware that DRUG TESTING may occur at this event.

Participant's Signature

Participants Name (Printed)

Date of Signature

For Participants of Minority Age

This is to certify that I/We as parent(s)/ guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself, ourselves and my/our child involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent(s)'s/ Guardian(s)'s Signature(s)

Date of Signature

Participants Name (Printed)