Garrison Forest School and Loch Raven Badminton Club present

Andy Chong’s
Badminton Clinic

March 5-6, 2005

Garrison Forest School
300 Garrison Forest Road
Owings Mills, MD 21117
410-559-3446

Juniors: The real focus of this clinic is coaching juniors. This clinic will be catered towards all school age badminton players.

Coaching the Coaches: Andy will introduce you to coaching techniques. Ideal if you currently coach a school or junior team or plan to in the future.

<table>
<thead>
<tr>
<th>Saturday, March 5</th>
<th>Sunday, March 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 AM - 12:00 PM Coaching the Coaches</td>
<td>9:00 AM - 12:00 PM Coaching the Coaches</td>
</tr>
<tr>
<td>Junior coaching and play</td>
<td>Junior coaching and play</td>
</tr>
<tr>
<td>1:00 PM – 3:00 PM Junior coaching and play</td>
<td>1:00 PM – 3:00 PM Junior coaching and play</td>
</tr>
<tr>
<td>3:00 PM - 5:00 PM Exhibition Matches</td>
<td></td>
</tr>
</tbody>
</table>
ANDY CHONG

Andy Chong has just received the U.S. Olympic Committee's award for Developmental Coach of the Year for Badminton. He has competed at the highest levels internationally starting in 1981 as a member of the Malaysian National Team, ultimately achieving a World Rank as high as #22 in Singles (1987). Since coming to the US in 1990, he has won more than 20 significant American tournaments and has represented the US on the National Team, the World Championship Team and the Thomas Cup team. Andy was awarded the prestigious Ken Davidson Award in 1996. He is currently the Director of Junior Development for the NJBA, and had 5 of his trainees earn spots on this year's USAB Junior National Team.
Andy Chong’s
Badminton Clinic

DEADLINE FOR APPLICATION IS MARCH 2, 2005. Walk-in registration will be accepted if enrollment allows although lunch time meal may not be confirmed. A confirmation email will be sent to you upon receipt of completed application and Limited Liability Waiver.

APPLICATION
(PLEASE PRINT)

Name: ________________________________ Phone: __________________________

School: ______________________________ Grade: ___________________________

Parent/Guardian: ___________________________________________________________________

Address: ______________________________ Cell #: __________________________

________________________________ Email: _______________________

Fees: Attendance:

☐ Players $15.00 One day ☐ I will attend Sat only.

☐ Coaches $ 15.00 One day ☐ I will attend Sun only.

☐ $25.00 Two days ☐ Both days.

Lunch will be available for $5.00 at Garrison Forest School’s Alumnae Dining Hall. Payment due upon entering the Dining Hall.

The clinic will be held in the Searle Athletic Center at Garrison Forest School. For directions, please contact the website at www.gfs.org or email lochraven@marylandbadminton.net or phone Richard 410 683 8350

Please send application, Limited Liability Waiver and checks (payable to):

GLRRC
309 Lord Byron Lane, Apt 203
Cockeysville, MD 21030

ATTN: Richard Shingles
GARRISON FOREST SCHOOL

PARENT CONSENT, WAIVER OF LIABILITY
AND MEDICAL RELEASE

Student’s Name: _________________________________________
Date of Birth: ________________________ School: ____________________________
Address: ___________________________________________ City, State, Zip ______________
Phone: ______________________________ Cell: ______________________________
List all known allergies to medications: _____________________________________________________
Date of last tetanus shot: ___________________ Current medications: __________________________

Medical Insurance Information:
Carrier: __________________ Carrier: __________________
Policy #: ___________ Group #: ________________ Policy #: _____________ Group #: ______________

As the parent/guardian of the above named student, I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I recognize that Garrison Forest School, Inc. and their representatives make efforts to reduce these risks, but further recognize that their efforts cannot and will not eliminate all such risks. I am aware of the risks involved, and give my consent for the above named student to participate in all activities associated with Garrison Forest School Camps/Conferences and Clinics.

I am aware that Garrison Forest School does not carry medical insurance for students and that medical insurance coverage should be provided by parent/guardian. Evidence of such coverage is provided above.

I further release and hold Garrison Forest School, their Officers, Directors, Trustees, agents, employees, coaches and athletic trainers harmless from any and all liability arising from the above-named student’s participation in Camps/Conferences and Clinics and all related activities.

PERMISSION FOR MEDICAL CARE

I hereby grant permission to any appropriately qualified health care professional to give any and all medically appropriate emergency care to my son/daughter/ward, including but not limited to anesthesia and surgery.

Parent/Guardian (Please Print) Parent/Guardian Signature Date