



**Classes Address & Contact Info**  
**El Monte:** 9255 Telstar Ave. El Monte, CA 91731  
**Pomona:** 3410 Pomona Blvd. Pomona, CA 91768  
 Tel: (626)230-6884 or (626) 688-4828  
 info@starbadmintonacademy.com, WWW.starbadmintonacademy.com

Date: (日期) \_\_\_\_\_

Student Name: (学生姓名) \_\_\_\_\_ D.O.B: (生日) \_\_\_\_\_ Gender: M(男) F(女)

Phone Number: (电话) \_\_\_\_\_ E-mail:(电邮) \_\_\_\_\_

Address: (地址) \_\_\_\_\_

Parent Name (if applicable): (家长姓名) \_\_\_\_\_ Phone: (电话) \_\_\_\_\_ School: (学校) \_\_\_\_\_

Emergency Contact: Name (紧急联系人) \_\_\_\_\_ Phone (电话) \_\_\_\_\_

<b>Junior Beginner 初级班 (1hr. session)</b>		<b>Intermediate 中级班 (2hr. session)</b>		<b>Adult 成人班 (2hr. session)</b>							
<input type="checkbox"/> 1 hour/Week \$20/hour <input type="checkbox"/> 2 hours/Week \$17/hour <input type="checkbox"/> 4 hours/Week \$14/hour <input type="checkbox"/> 6 hours/Week \$11/hour <input type="checkbox"/> \$300 monthly for all sessions <b>All payments are paid monthly or quarterly</b>		<input type="checkbox"/> 1 x = \$45 <input type="checkbox"/> 10 x = \$400		<input type="checkbox"/> 4 per month \$150 monthly <input type="checkbox"/> 5 per month \$180 monthly <input type="checkbox"/> 6 per month \$210 monthly <input type="checkbox"/> 8 per month \$250 monthly							
<p><b>El Monte</b></p> <input type="checkbox"/> Tue 5-6pm <input type="checkbox"/> 6-7pm <input type="checkbox"/> Thu 5-6pm <input type="checkbox"/> 6-7pm <input type="checkbox"/> Fri 5-6pm <input type="checkbox"/> 6-7pm <input type="checkbox"/> Sat 1-2pm <input type="checkbox"/> 2-3pm <input type="checkbox"/> Sun 9-10am <input type="checkbox"/> Sun 10-11am		<p><b>Pomona</b></p> <input type="checkbox"/> Mon 4-5pm <input type="checkbox"/> 5-6pm <input type="checkbox"/> Wed 4-5pm <input type="checkbox"/> 5-6pm <input type="checkbox"/> Fri 4-5pm <input type="checkbox"/> 5-6pm <input type="checkbox"/> Sat 9-10am <input type="checkbox"/> 10-11am <input type="checkbox"/> Sun 11:30-12:30pm <input type="checkbox"/> Sun 12:30-1:30pm		<p><b>El Monte</b></p> <input type="checkbox"/> Tue 5:30-7:30pm <input type="checkbox"/> Thu 5:30-7:30pm <input type="checkbox"/> Fri 5:30-7:30pm <input type="checkbox"/> Sat 3-5pm <input type="checkbox"/> Sun 3-5pm		<p><b>Pomona</b></p> <input type="checkbox"/> Mon 5-7pm (Big Hitters) <input type="checkbox"/> Wed 5-7pm (Big Hitters) <input type="checkbox"/> Fri 7-9pm (High School) <input type="checkbox"/> Sun 11:30-1:30am (Big Hitters)		<p><b>El Monte</b></p> <input type="checkbox"/> Tue 7-9pm <input type="checkbox"/> Thu 7-9pm		<p><b>Pomona</b></p> <input type="checkbox"/> Mon 4-6pm <input type="checkbox"/> Wed 7-9pm <input type="checkbox"/> Sat 9-11am	

**Payment Information**

**Refund & Make-Up Policy:**

- ♪ In order to use missed session credit, student must make current month payment before the 5th.  
请在每月 5 日前购买当月课程以便激活缺课课时。
- ♪ No roll-over missed session credit after the 10th of the month.  
每月 10 日之后所有缺课课时将无效
- ♪ TRAINING COUPON are valid for 6 month after purchase.  
训练卷有效期为 6 个月。
- ♪ No refunds on all tuition.  
所有学费没有退款。

Drop-In     Monthly     Quarterly

Term (month of ): \_\_\_\_\_

Class amount due \$ \_\_\_\_\_

5% Sibling or Quarterly payment discount \$ \_\_\_\_\_

New student registration fee \$45 \$ \_\_\_\_\_

TRAINING COUPON \$ \_\_\_\_\_

**Total Paid: \$ \_\_\_\_\_**

Check (Payable to Star Badminton Academy)     Cash

Received By: \_\_\_\_\_

**Release of liability**

I hereby request that you accept the application of \_\_\_\_\_ in the SGVBC Star Badminton Academy during the dates set forth in this application, and in consideration of your acceptance, I hereby release SGVBC, Star Badminton Academy, and employees from all liability or claims of injuries or property loss that may be sustained by the student while attending Star Badminton Academy. Such claims includes but is not limited to claims for gross negligence or recklessness. In addition, I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and discharge SGVBC Star Badminton Academy, its staff, employees, all claims of damages, injuries and /or loss arising from activities while at training or approved tournaments. I hereby grant permission to Star Badminton Academy to take my photo while participating in the activities to use for publicity.

**Authorization for Medical Treatment and Release:** In case of emergency or if any medical attention is required for my child, I hereby give my permission to SGVBC, Star Badminton Academy, staff to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release SGVBC, Star Badminton Academy, their staff from any and all claims relating to the exercise of such judgment.

**With my signature below, I agree to all the terms and conditions of this contract, waiver and release of liability.**

Parent/Guardian/Self (Print and sign):

Date: