



De Anza College Badminton Program Youth Clinics Spring 2025

When: A 5-day clinic program on Saturdays

Mar 15, 22, 29, April 5, 12

11:00 AM – 12:50 PM (Grades 4-6)

1:00 PM - 2:50 PM (Grades 7-11)

Venue: De Anza College Gymnasium (PE21)

Cost: \$425 per session

Program: The De Anza College Badminton Clinics are designed for all youth players to receive professional guidance with the intent of improving footwork, strokes (net, drop, clear and smash shots), strategic/tactical awareness, and for everyone to have a fun experience and promote a lifelong relationship with exercise through this sport.

Lead Coaches: **Jay Dinh and Natalie Zeitman De Anza College Assistant Coaches** – Coach Jay was a captain on the 2014 State Champions and has been a coach in the program for five years. She has also coached at Mitty HS. Coach Natalie, a badminton competitor for over a decade, has been teaching in our program for five years; both are assistants for our recent State Champions and has broad experience in childhood education.

Clinic sessions will be presented by various members of the Intercollegiate coaching staff assisted by members of the college team.

Registration forms and more information at

<http://www.deanzabadminton.com>

Proceeds from these clinics support the De Anza College women's badminton team

Head Coach: Mark Landefeld landefeldmark@fhda.edu

De Anza College Youth Badminton Clinics

A 5-day clinic program on Saturdays

Mar. 15, 22, 29, April 5, 12

11:00 AM – 12:50 PM (Grades 4-6)

1:00 PM - 2:50 PM (Grades 7-11)

Information: Participants should have a badminton racquet and appropriate shoes for a gymnasium floor (rubber, non-marking sole). Participation in sandals is not allowed. Participants should also have water in a container. No food may be eaten in the gymnasium.

On occasion, the college may schedule an event which requires the postponement of a clinic session. In that case, make-up dates will be announced; no sessions are refunded.

More info and FAQ at: <http://www.deanzabadminton.com>

Enrollment form

To enroll, please provide us with the following information and complete both the Foothill - De Anza Community College District PERMISSION / RELEASE & WAIVER OF LIABILITY / MEDICAL RELEASE FORM for a Minor, and PARTICIPANT INFORMATION (attached)

Please provide all information for all participants and enclose a check payable to "De Anza College Badminton" and mail to:

**Mark Landefeld, Head Coach,
De Anza College Badminton
21250 Stevens Creek Blvd. Cupertino, CA 95014**

Mail registration must be received by March 9th. for the Winter Session (by U.S. Mail) Or dropped off at prior session March 8th. After this date, please contact Coach Mark at landefeldmark@fhda.edu for registration information.

ENROLLMENT FORM (cut here and retain info above) -----

Participant name _____ Participant age: _____

Participant's School _____ Grade in School ____ Male / Female (circle one)

Session (Mar. 15th – April. 12th) \$425 / session fee

Clinic (please circle session for enrollment)

Saturdays: (Grade 4-6) 11:00 AM-12:50 PM

Grade (7-11) 1:00 PM – 2:50 PM

Parent name _____

Parent email _____

Foothill-De Anza Community College District
De Anza College Youth Badminton Clinic

PERMISSION / RELEASE & WAIVER OF LIABILITY / MEDICAL RELEASE
FORM
for a Minor

A parent or legal guardian must complete the following authorization form if Participant is under 18 years of age. This form must be on file with **De Anza College Physical Education Department (“Program”)** in order for the participant to attend the on-campus / not-enrolled-for-credit program or activity. Due to the nature of this Program, Participants are hereby advised of inherent risks of possible injury in taking part in this activity.

Activity Description:

De Anza College Youth Badminton Clinic 2024 – 25

Activity Date(s) and Time(s):

Winter & following sessions (March 15, 2025 – June 30, 2025)

Location(s): De Anza College - PE21 Gymnasium

21250 Stevens Creek Blvd. Cupertino, CA 95014

I, the undersigned, certify that I am the parent/legal guardian of _____.
(print participant name)

As the parent/legal guardian, I hereby authorize the above named minor to participate in the **Program Activity** at De Anza College.

Release/Indemnification. The Parent/Legal Guardian hereby consents to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue the Foothill-De Anza Community College District, its directors, employees, agents, volunteers and affiliates (herein collectively referred to as “District”) from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of, or in connection with minor’s participation in the above activity, including claims of the District’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss suffered because of minor’s participation in this Activity (the “Claims”). I agree to indemnify and hold harmless the District for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Medical Care / Emergency:

I give permission to the De Anza Health Services staff to deliver basic first-aid evaluation and treatment to my child in the event of minor injury or illness.

In the event of any medical emergencies, I authorize emergency transportation, emergency medical care and/or treatments including consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the District Faculty sponsor deems necessary for the safety and protection of the minor, and agree to be financially responsible for any medical services rendered.

I also want the District to know about all current medical problems including psychological difficulties and serious allergies (animal, food, medicine, etc.) and physical limitations as listed below, understanding that the District will not administer medicine during the program:

(List medical conditions)

COVID-19: I am fully and personally responsible for my child’s safety and actions while participating in this Activity. I have been informed and understand there remains a risk of exposure to COVID-19. I acknowledge that all participants in this Activity are required to follow protocols and policies/procedures of the District and Santa Clara County Health Department regarding COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 may still exist.

Rules and Code of Conduct: Participant must remain in the designated gymnasium area and not wander away from instructors without permission. Participant must not be disruptive in the designated gymnasium area. Disruptive behavior may include but is not limited to the following: talking when it does not relate to the discussion topic, sleeping, reading other material, being aggressive with other participants, eating or drinking in the designated gymnasium area without permission, refusing to participate in badminton activities, leaving cell phone on, texting, and engaging in any other activity not related to badminton activity (without permission). Participant who engage in disruptive behavior will be approached by the instructor and may be given a verbal warning. If the disruptive behavior continues, District Officials reserve the right to dismiss any Participant who does not obey the Rules and Code of Conduct and/or misbehaves and the parent shall be responsible to remove the minor child from the college.

Signature

I have read the above and understand its terms and I sign it voluntarily and with full knowledge of its significance.

Name of Parent
/Legal Guardian:

_____ *Print Name* _____

_____ *Signature* _____

_____ *Date* _____

Must also complete PARTICIPANT INFORMATION form (next page).

PARTICIPANT INFORMATION – REQUIRED TO PARTICIPATE

All sections of this Agreement must be completed, with the signed original turned in the first day of **Program**, before Participant will be allowed to participate in any manner in the **Program** Activity.

GENERAL INFORMATION

Minor First Name:	Last Name:
Grade/School:	Date of Birth:
Parent/Guardian 1 First Name:	Last Name:
Best Number to Reach You:	Email:
Parent/Guardian 2 First Name:	Last Name:
Best Number to Reach You:	Email:
Special Instructions to Reach Parent(s) (if any):	

EMERGENCY MEDICAL INFORMATION

In the event of an emergency, the parent(s) listed above will be notified first. Please list additional emergency contacts below in case the parent(s) are unable to be notified. All emergency contacts below are authorized to pick-up Minor Participant for non-emergency purposes:

Name of Emergency Contact 1:	Phone Number:
Name of Emergency Contact 2:	Phone Number:
Physician's Name or Medical Group:	Phone Number:
Medical Record Number (or other medical identificationNumber):	

FOOD ALLERGIES/MEDICAL CONDITIONS

ANY KNOWN FOOD ALLERGIES:	
OTHER MEDICAL CONDITIONS THAT CAMP STAFF SHOULD BEAWARE OF:	
DIETARY LIMITATIONS:	