



VELLORE BADMINTON ACADEMY

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Passport
size photo
HERE

MEMBERSHIP - APPLICATION FORM

NAME _____

MOBILE No. _____ DATE of BIRTH ____/____/____ AGE _____ SEX: M / F

FATHER'S/MOTHER'S NAME _____ PROFESSION _____

EMAIL ADDRESS _____
[Correspondence will be via EMAIL]

PERMANENT ADDRESS _____

TELEPHONE NO. _____

SCHOOL NAME _____ CLASS _____

PREFERRED TIMINGS for COACHING _____

PREFERRED SLOT TIMING _____

HAVE YOU PLAYED BADMINTON BEFORE? YES / NO

IF YES, GIVE DETAILS _____

HEALTH ISSUES IF ANY _____

ANY OTHER
Information _____

In CASE of EMERGENCY please contact _____

DISCLAIMER

I hereby release "VELLORE BADMINTON ACADEMY", it's Officers, Directors and activity planners from any liability for injury or loss incurred by myself or others while participating in any activity. Membership/Coaching Fee once paid is not refundable.

Signature of the PLAYER / PARENT / GUARDIAN

Place: _____

Date: _____

office use

NAME of APPLICANT _____ COACHING / SLOT TIMING _____

DATE of JOINING _____ DATE OF RELIEVING _____

AMOUNT PAID _____

Administrator Signature

NOTE: Please ask for detailed rules and regulations along with the application form in office.
