



WBC Player Registration Input Form

Date: _____ (yyyy-mm-dd)

Name: _____
(print first name) (print last name)

Birthday: _____ (yyyy-mm-dd)

Gender: Male Female Other (please circle)

Sport: Badminton Pickleball (please circle)

Email: _____

Telephone #: _____ (999-999-9999)

Address: _____

City _____ **Postal Code:** _____ (A9A 9A9)

Have You Signed the Waiver? Yes No (Please sign waiver before going to courts)

Office only

Entered in Database: Yes

This form is filled out by a player who has never been registered to play at the Woodstock Badminton Club. Please fill out this form sign a waiver and pay court fee before proceeding to the courts.