



West Central District Athletic Association

Badminton

Provincial Playoff Intent Form

School Name: _____

Athletes Must Read: *I understand that if I win the (Sectional and/ or District) competition, I will be committed to my school to compete at the all subsequent rounds of competition leading up to and including the Provincial Finals. I understand that this does not mean anything that is beyond my control ie: sickness, injury, family emergency. I further understand that if I do advance and do not show up at the next round that my school will be subject to a fine.*

Athlete's Name: _____ Athlete's Signature: _____

Coach Name: _____ Coach Signature: _____

This form must be filled out and signed prior to the start of the first playoff competition and presented to the host commissioner. Athletes are allowed to compete at the first round of competition but all competitors must be aware of who is not moving on to the next round if they win. The host commissioner will scan and forward all forms to the WC commissioner.

Fill in this section if you are NOT willing to move on to the next round of competition

I will only be competing at the first round of competition and will **NOT** be moving on. I have discussed this with my coach prior to this competition.

Athlete's Name: _____ Athlete's Signature: _____

Coach Name: _____ Coach Signature: _____

Athletes and Coaches must sign ONE of the above section of this form. Please read carefully