



Devonport Royal Dockyard  
Sport & Social Club

# **Plymouth & District Junior Badminton 2026 Ellis Tournament**

Under 11, Under 14, Under 16 and  
Under 18 Events

Closing Date for Entries:  
FRIDAY 23rd January 2026

For all enquiries please contact  
Jo Jackson 01752 245581 or  
Jo.jacko44@gmail.com

Entry forms are available from the  
Plymouth Life Centre, or online from  
the Plymouth and District  
Badminton Website

***Sunday, 8th February 2026***

***From 9.00am***

***At the Plymouth Life Centre  
Central Park, Plymouth***



sponsored by

# Plymouth & District Junior Badminton 2026 Ellis Tournament

Sunday, 8th February 2026

The Plymouth Life Centre, Central Park, Plymouth from 9.00am

## Under 11 Events

Boys Singles 9.00am/Girls Singles 9.00am Boys and Girls Doubles 10.00am

## Under 14 Events

Boys Singles 10.30am/Girls Singles 11.00am Boys and Girls Doubles 12.00pm

## Under 16 Events

Boys Singles 11.15am/Girls Singles 11.15am Boys and Girls Doubles 12.30pm

## Under 18 Events

Boys Singles 10.30am/Girls Singles 10.30am Boys and Girls Doubles 11.30am

Under 18 Mixed Doubles 9.00am

## Plymouth & District Junior Badminton 2026 Ellis Tournament Rules

All competitors must reside within 15 miles of Plymouth City Centre, OR belong to a Club affiliated to the Plymouth & District Badminton League.

- There are four age groups in the tournament overall. U14's and U16's are permitted to play one singles and one doubles event either in their own age group or the one above (e.g. Boys U16 Singles & U18 Doubles). They may also play in the U18 Mixed Doubles.
- Age is determined at 1<sup>st</sup> September 2025. All entrants must be under the appropriate age at midnight on 31<sup>st</sup> August 2025.
- Anyone born after 31<sup>st</sup> August 2017 is not eligible to enter the tournament.
- Dependent upon entry, events will start as an American Group Tournament, followed by a knock-out section,
- Every competitor must complete a separate entry form.
- Entries for the doubles will only be accepted if completed entry forms are received from both players.
- If you would like to play doubles but do not have a partner, put 'Partner wanted' on the entry form.
- Competitors must report to the referee 10 minutes before your start time.
- Competitors must wear suitable clothing on courts (no tracksuits).
- Cork based shuttles will be used in all events.
- Players should be available to play at all times otherwise they will be scratched from the tournament.
- The Committee has the right to decide on any matter not covered by the rules and its decision is final.

• **Medical Conditions:** In your child's interest it is important that the organisers should know whether he or she suffers from any illness or medical condition (e.g. asthma, epilepsy, diabetes, etc). Please use the space below to state in confidence any health or other matters concerning your child of which the organisers should be aware. Please also indicate if your child is receiving any medication.

Please state any medical conditions:

Signed \_\_\_\_\_

## The closing date for entries will be Friday,

**23rd January 2026** (Entries will not be accepted on the day).

The entry fee £6.00 for one event, £10.00 for two events or £13.00 for three events per competitor, cheques made payable to Plymouth & District Junior Badminton - or Bank Transfer 301274 01463842, including Childs Name, & events code letters A, B, C, D, E, F, G, H or I On Bank Transfer

Please do not send cash. All entry forms please send to:

Mrs Jo Jackson, 68 Underlane, Plympton, Plymouth PL7 1QY.

Please contact me on 01752 245581 or via email on

[jo.jacko44@gmail.com](mailto:jo.jacko44@gmail.com) for further details.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Club \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at 1<sup>st</sup> September 2025 \_\_\_\_\_

Consent, please read carefully:

- ☐ I agree to my son/daughter taking part in the activities of the Tournament.
- ☐ I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed.
- ☐ I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
- ☐ I consent that photographs taken by authorised personnel of my son/daughter at the Tournament may be used for local publicity.
- ☐ I understand that the organisers accept no responsibility for loss, damage or injury caused by or during the Tournament except where such loss, damage or injury can be shown to result directly from the negligence of the organisers

Signed \_\_\_\_\_

Event	Tick		Partner's Name	Fee
	Boys	Girls		
A U11 Singles				
B U11 Level Doubles				
C U14 Singles				
D U14 Level Doubles				
E U16 Singles				
F U16 Level Doubles				
G U18 Singles				
H U18 Level Doubles				
I U18 Mixed Doubles				
*If you need a doubles partner, write 'Partner Required' in the box				
Paid by Cheque			Total Enclosed	£
Paid by Bank Transfer				
Received: _____				