ANTIGONISH STOIRM VOLLEYBALL CLUB
2014 REGISTRATION

NAME:_____

EMAIL:_Parent email:_____

Player email:_____

PARENT/GUARDIAN:_____

MAILING ADDRESS:_____

POSTAL CODE : _____

TELEPHONE: _____(Home) _____(cell)

EMERGENCY CONTACT NAME & NUMBER: _____

MEDICAL CONDITIONS OR ALLERGIES:_____

BIRTHDATE: dd/mm/yyyy _____

IMAGE RELEASE : Yes it is ok to put pictures of my child in the newspaper or website _____
No please do not put pictures of my child in the paper or website _____

INTERESTED IN TRYING OUT FOR TIER 1 ? YES _____ NO_____

PARENT WILL HELP WITH THE CLUB IN SOME ROLE? YES_____NO____

T SHIRT SIZE- Youth : _____ Adult: _____

<u>FOR ADMIN USE ONLY:</u>

AGE CATEGORY 12 U_____
14 U_____
15 U _____
16U _____
17 U_____
18 U_____

FEE PAID_____ Cheque #___

_____CASH

Tax Receipt Issued_____
Subway Cards Issued_____

*** Signed as received _____**