

TEAM TRYOUTS (Sept 2015) \$40



Athlete Information

Athlete's First Name: *

Athlete's Last Name: *

Athlete Email: *

Gender: *

Date of Birth: * MM/DD/YYYY

T-shirt size: *

Level Choice*

- Competitive Only
(Lesser time commitment)
- HP or Comp
(Coaches will stream me according to skill level and position availability, but I retain the right to drop to the competitive stream at any time)

Special Considerations

- I would like to play up a level
- I would like to play down a level
(I am born between September 1st and Dec 31st)
- Reasons to play up or down a level:

Contact Information

Street Address: *

City: *

Province:

Postal Code: *

Phone: *

Parent Information

Parent 1

Parent Name: *

Parent Email: *

Parent Mobile: *

Parent 2

Parent 2 Name:

Parent 2 Email:

Parent 2 Mobile:

Emergency contact

Name: *

Phone*

General contact

How did you hear about this program? *

If "Other", please specify:

Waiver

I, (or the Parent/Guardian of the above named participant if under 18) acknowledge that there are potential risks in physical activity programs. I assume those risks and consent to the proposed participation in this program. I, or any person claiming through me or on my behalf, do hereby release and agree to save harmless the Maverick Volleyball Club and it's officers, members or agents from claims for loss, injury or damage to persons and property while participating in this program or traveling to and from this program.

I understand that the Maverick Volleyball Club gathers personal information about their participants, including name, address, email, telephone number, gender, date of birth and other information to help in the administration of their programs. This information is for the purpose of communications from the Maverick Volleyball Club with regard to programs, events, promotions and sponsorships.

I understand that the Maverick Volleyball Club have the right to take photographs, videotape, or digital recordings of me at their programs, to be used in any and all media. I am aware that, by giving consent, I am permitting the participant's name and image to be posted on the web, provided to the media, and used in publications which can be viewed by anyone who accesses these websites, external media, or publications. I understand that I may withdraw my consent to the collection, use or disclosure of my personal information at any time by contacting the MVC Privacy Officer (info@maverickvolleyball.ca).

I have read and agree to the above:

initial _____

ADMIN ONLY

Method of payment : CASH or Chq # _____