

4-700 Paisley Rd, Guelph, ON, N1K 1A3

Phone (519) 826-7797 www.gmva.ca

*Please print and complete a
separate form for each player.*

Returning player

New player

PART A - Athlete's Information

Name of Athlete: _____

Permanent Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone (h): _____

Birth date: ____/____/____ Present age: _____ Male Female
 dd mm yyyy

School currently attending: _____ Grade: _____

Area of the city you are residing in: _____

PART B - Parents' Information

Father's Name: _____ Mother's Name: _____

Father's Phone (w): _____ Mother's Phone (w): _____

Parents' Address (if different than above): _____

City: _____ Prov.: _____ Postal Code: _____

Phone (h): _____ **e-mail:** _____

PART C - Medical Information

Allergies, medications, past serious injuries: _____

ON Health Registration # _____ Personal Health ID # _____

In case of emergency, please contact: _____ Relation: _____

Phone (h): _____ Phone (w): _____

PART D - Volunteer Information

Parents/Guardians: Would you like to volunteer as a coach, assistant coach or convenor?

I will volunteer as a coach/assistant coach I am interested in volunteering as needed

I will volunteer as a convenor I cannot volunteer

I certify that the above information is accurate and correct.

Waiver and Release: I understand that injuries can arise by accident due to the nature of sport, and I hereby release and waive all rights to claim or action against the Guelph Minor Volleyball Association, any participating school, staff or volunteers arising from injury, loss or damage to my child or to my child's property.

I also authorize the Guelph Minor Volleyball Association to take photographs of my son/ daughter during their participation in the volleyball league and to display them and otherwise use these photographs without charge solely for the purpose of promotional material and newsletters in connection with the Guelph Minor Volleyball Association.

I understand that by completing this form, the Guelph Minor Volleyball Association is collecting certain personal information about my child, me and other members of my family (including, if necessary, my Ontario Health Service registration number and any medical conditions experienced by my child). I also understand this information will be used only for the purpose of administrating the GMVA programs. I hereby consent to such collection, use and disclosure of this personal information.

Parent/Guardian Signature: _____ **Date:** _____

Official use only: Paid: \$ _____ Socio-economic subsidy: \$ _____ Booster card #: _____