

## OFFICIAL CAMP REGISTRATION FORM

142 Long Point Bay, Winnipeg, MB R2C 4V3

Phone (204) 269-7777 [www.wmva.ca](http://www.wmva.ca)

*Please print and complete a  
separate form for each 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: \_\_\_\_\_

MB Health Registration # \_\_\_\_\_ (6 digits) Personal Health ID # \_\_\_\_\_ (9 digits)

In case of emergency, please contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

### PART D - Camp Selection

Please list below the camp(s) you would like to register for:

\_\_\_\_\_

\_\_\_\_\_

*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 Winnipeg Minor Volleyball Association, and any participating schools, staff or volunteers arising from injury, loss or damage to my child or to my child's property.

I also authorize Winnipeg 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 Winnipeg Minor Volleyball Association.

I understand that by completing this form the Winnipeg Minor Volleyball Association is collecting certain personal information about my child, me and other members of my family (including, if necessary, my Manitoba 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 WMVA programs. I hereby consent to such collection, use and disclosure of this personal information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Convenor: \_\_\_\_\_

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