



FALL: _____ WINTER: _____

Division: PeeWee _____ Bantam _____

DURHAM ATTACK BOY'S HOUSE LEAGUE REGISTRATION FORM

Athlete's Name: _____

Current Grade: _____ Age: _____ Date of birth: _____

School: _____

Preferred Position (if any): _____

T-shirt size : YS YM YL YXL S M L XL

Parent's/Guardian's Names: _____

Address: _____

City _____ Parent's e-mail: _____

Parent/Guardian Phone Numbers: Daytime: _____

Evening: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Athlete's Health Card Number: _____

Health Considerations: _____

Fee: \$200 Method of payment: cheque____(_____) cash_____

Statement of Waiver:

I/we the undersigned being the parent/guardian of the child listed above (hereafter known as "athlete") do hereby release the Durham Attack Volleyball Club, its' staff and any and all of its' affiliates from any liability for loss or harm to the "athlete" due to injury, accident or by any other means.

Parent/guardian signature _____ Date: _____

