



Estevan Extreme Club Volleyball Registration Form

Name (full name): _____

Age: _____ Grade: _____ Birthdate (dd/mm/yy): _____

Mailing Address: _____

SK Healthcard #: _____

School: _____

Preferred/Played before position(s): _____

Last Club Team: _____

Athlete email: _____

Athlete's phone #: (Cell) _____ (Other) _____

Parent/Guardian 1 Name: _____

Email: _____

Cell #: _____ Other #: _____

Parent/Guardian 2 Name: _____

Email: _____

Cell #: _____ Other #: _____

Other Activities: (Please indicate days and times) _____

WAIVER

I hereby waive all claims for injury and liabilities for damage or loss of property.

Parent's Signature: _____

Date: _____