



**EEVC Beach Volleyball Registration Form**

Name (full name): \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate (dd/mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_

SK Healthcard #: \_\_\_\_\_

School: \_\_\_\_\_

Previous Beach Volleyball Experience: \_\_\_\_\_

Last Club Team: \_\_\_\_\_

Athlete email: \_\_\_\_\_

Athlete's phone #: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Name of Beach Partner: \_\_\_\_\_

**WAIVER**

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

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_