



WINNIPEG MINOR VOLLEYBALL ASSOCIATION
WINNIPEG, MANITOBA, CANADA

ATHLETE: _____ TEAM: _____

ADDRESS: _____ POSTAL CODE: _____

HOME PHONE: _____ BIRTHDATE: _____

MEDICAL NUMBER: _____ I.D.: _____

PRIVATE HEALTH PROVIDER:

NAME: _____ POLICY #: _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

CONSENT: I / WE _____ GIVE
PERMISSION TO MY/OUR DAUGHTER _____ TO TRAVEL
TO OMAHA NEBRASKA (April 7-10th) TO ATTEND THE AMERICAN VOLLEYBALL
CHALLENGE WITH WINMAN VOLLEYBALL CLUB.

DATE: _____ SIGNATURE: _____

SIGNATURE: _____

****ATTACH PHOTOCOPY OF:**

1. BIRTH CERTIFICATE WITH PHOTO ID (drivers license or student card) OR PASSPORT.
2. MEDICAL CARD/PRIVATE HEALTH CARD.

NOTE: MUST HAVE BOTH PARENTS' SIGNATURE OR A CUSTODY DOCUMENT.

BORDER INFORMATION SERVICES: (800) 461-9999.

PLEASE NOTIFY THE MVA, OTHERWISE THE INSURANCE WILL NOT BE VALID.