

# Guelph Minor Volleyball Association

## REGISTRATION FORM ADULT LEAGUE

4-700 Paisley Rd., Guelph, ON N1K 1A3  
Phone (519) 826-7797 [www.gmva.ca](http://www.gmva.ca)

*Returning athlete/team*       *New athlete/team*

### PART A - Contact Information

Team Name: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  Male  Female  
Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone (h): \_\_\_\_\_  
Work (w): \_\_\_\_\_ Cell (c): \_\_\_\_\_ Email: \_\_\_\_\_

### Part B - Registration Type & Fees

Individuals (1-4): Registration Fee \$80/pp       Group (4+): Group Registration Fee \$65/pp  
 Team (7+): Team Registration Fee \$380/team.

### Additional Registrants (if known):

TEAM NAME: \_\_\_\_\_

1- Name: _____	Phone: _____	Email: _____	Gender: _____
2- Name: _____	Phone: _____	Email: _____	Gender: _____
3- Name: _____	Phone: _____	Email: _____	Gender: _____
4- Name: _____	Phone: _____	Email: _____	Gender: _____
5- Name: _____	Phone: _____	Email: _____	Gender: _____
6- Name: _____	Phone: _____	Email: _____	Gender: _____
7- Name: _____	Phone: _____	Email: _____	Gender: _____
8- Name: _____	Phone: _____	Email: _____	Gender: _____
9- Name: _____	Phone: _____	Email: _____	Gender: _____

**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 Guelph Minor Volleyball Association (GMVA), and any participating schools, staff or volunteers arising from injury, loss or damage to me or my property.

I also authorize GMVA to take photographs/videos during my participation in their volleyball league and to display them and otherwise use these photographs/videos without charge solely for the purpose of promotional material and newsletters in connection with the Guelph Minor Volleyball Association.

I understand that by completing this form the GMVA is collecting certain personal information about me (including, if necessary, my Health registration number and any medical conditions I may have). I also understand this information will be used only for the purpose of administrating the GMVA programs. I hereby consent to such collection, use and disclosure of my personal information.

*I certify that I have read and understand the GMVA Waiver and Release form as well as the GMVA refund policy.*

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

*Payment by cheque payable to "WMVA": Please complete this form and forward along with payment to:  
GMVA, 4-700 Paisley Rd., Guelph, ON. N1K 1A3*