Winnipeg Minor Volleyball Association

6-642 Watt St. Winnipeg, MB R2K 2S5
Phone (204) 269-7777 www.wmva.ca

OFFICIAL CAMP REGISTRATION FORM

Please print and complete a separate form for each player.

PART A - Athlete's Information

Name of Athlete: _____

Permanent Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone (h): _____

Birth date: _____/____/_____ Present age: _____ ☐ Male ☐ Female
dd mm yyyy

School currently attending: _____ Grade: _____

Area of the city you are residing in: ___ _____

PART B - Parents' Information

Father's Name: _____ Mother's Name: _____

Father's Phone (w): _____ Mother's Phone (w): _____

Parents' Address (if different than above): _____

City: _____ Prov.: _____ Postal Code: _____

Phone (h): _____ **e-mail**: _____

PART C - Medical Information

Allergies, medications, past serious injuries: _____

MB Health Registration # _____(6 digits) Personal Health ID # _____(9 digits)

In case of emergency, please contact: _____ Relation: _____

Phone (h): _____ Phone (w): _____

PART D – Camp Selection

Please list below the camp(s) you would like to register for:

☐ _____

☐ _____

I certify that the above information is accurate and correct.

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 Winnipeg Minor Volleyball Association, and any participating schools, staff or volunteers arising from injury, loss or damage to my child or to my child's property.

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

I understand that by completing this form the Winnipeg Minor Volleyball Association is collecting certain personal information about my child, me and other members of my family (including, if necessary, my Manitoba Health Service registration number and any medical conditions experienced by my child). I also understand this information will be used only for the purpose of administrating the WMVA programs. I hereby consent to such collection, use and disclosure of this personal information.

Signature: _____ **Date:** _____ **Convenor:** _____

Official use only: Paid: $_____ Socio-economic subsidy: $_____ Booster card #:_____