



SELKIRK ROYALS BOYS VOLLEYBALL

ATHLETE INFORMATION

Supplementary to Tryout Information

Player

Surname: _____ First Name: _____

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

Father's Work #: _____ Mother's Work #: _____

Father's Cell #: _____ Mother's Cell #: _____

Parent's email(s):

Player

MHSC (6 digit) #: _____ PHIN (9 digit) #: _____

Number to call in case of emergency: _____

Allergies: _____

Other medical conditions we should be aware of:

Disclaimer:

(Please read and sign below):

I, _____ give permission as parent/legal guardian of _____ to participate in the Selkirk Royals Boys Volleyball Club athletic program. I understand that Selkirk Royals Boys Volleyball Club and its staff are neither responsible for lost or stolen articles nor liable for any injuries incurred as a result of participation. Also, I confirm that my child is medically fit to participate in the team's activities.

Date

Signature

CLUB Purposes only:

Initial Club fee Paid: Y N Cash Cheque

2nd Club fee Paid: Y N Cash Cheque