



www.torontowest.net

Registration Form

Mail to: Toronto West VBC
1553 Corkstone Glade
Mississauga L4W 2E8

BEACHKIDS 2008

More information available on www.torontowest.net

Date: May 6, 2008 – June 26, 2008 - Two 90 min. sessions weekly – Tuesday & Thursday

Fee: \$160 (\$120 for Toronto West VBC 2007-8 club member) Full season: 16 sessions

Contact: John Long evatw@hotmail.com or call **905-624-1989**

PLEASE PRINT - (Must be completed by parent/guardian:)

PLAYER NAME:		DATE OF BIRTH	
		GENDER	
PARENT/GUARDIAN NAME:			
ADDRESS:			
HOME PHONE:		WORK PHONE:	

EMERGENCY INFORMATION: Other phone numbers where parent/guardian or family friend may be reached in case of an emergency:

NAME:	
RELATIONSHIP	
CONTACT NUMBER:	

Please list all allergies, special diets, medications, and illness or other physical conditions that we should be aware of.

ALLERGIES:	
MEDICATIONS:	
ILLNESSES/PHYSICAL CONDITIONS:	

I hereby give permission for my son / daughter listed above to participate in the BEACHKIDS Volleyball program.

The Toronto West Volleyball Club has my permission to use photographic images of my child for promotional purposes.

Our coaches and affiliates will follow facility/club guidelines and do everything possible for the safety of all participants. However, some unforeseeable circumstances may arise. My signature below constitutes and is evidence of my agreement (1) to accept general liability for the participation of the player listed above; (2) to hold harmless and release Toronto West Volleyball Club directors, members and agents from all liability arising from the above-named individual's participation in this program; (3) to accept cost associated with the program.

I have read this Registration Form and agree to abide by the provisions contained herein. As the undersigned parent / legal guardian, I give permission for emergency treatment to be administered to the above listed player.

No refunds for sessions missed. Program subject to enrolment.

Parent / Legal Guardian: Name: _____ Signature: _____ Date: _____