



Registration Form

Youth Volleyball Fundamentals Clinic
July 3 - August 31, 2013

Registration Date

Division [] Ages 5-11 [] Ages 12-16

Gender [] M [] F

Name Last First MI

Address Street City State Zip

School Grade Birthdate Age

Parent Information

Mom's Name Mom's Home Phone Number Cell Phone

Mom's Email Mom's Workplace Work Phone

Dad's Name Dad's Home Phone Number Cell Phone

Dad's Email Dad's Workplace Work Phone

Medical & Dental Information

Insurance Company Policy Number Phone Number

Physician Name Phone Number

Medical Issues? [] Yes [] No Please Explain:

Dentist Name Phone Number

Marketing/Promotion Release Authorization

I (parent), consent and authorize Extreme Volleyball Club to market, promote and air programming of which contain my child's photographs but not limited to video and audio. I am aware that the purpose of this material is to promote Extreme Volleyball Club and youth volleyball.

Registrar's Use Only

Registration Fees: \$400

If a player notifies Extreme Fitness Club in writing received on or before June 28, 2013 that the player will be unable to attend the session, Extreme Fitness Club will refund the registration fee minus a \$25.00 handling charge. Otherwise, FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

[] Cash [] Check # Amount Received by Date Time Balance Due

Please make checks payable to: Extreme Fitness Club