

Volleyball Fanatix Registration Form 2010/2011

Players: Last Name _____ First Name _____

Address _____ City _____ Postal Code _____

Telephone: (____) _____ Other (____) _____ Players Age _____ Grade _____

Male/Female (Circle One) Volleyball Experience: () school team, () gym class, () VBF league

Medical Conditions – None/Other _____

Parent/Guardian E-Mail: _____ Telephone: (____) _____

Emergency Contact _____ Telephone: (____) _____

How Did You Hear About The League? _____

If a Friend sent you, what is their name? _____ (They will earn volley \$\$\$'s)

Is there anyone you want to be teamed up with as a request? _____

Fall Program (8 weeks): October 4th – November 29th

Winter Program (8 weeks): December 6th – February 7th

Spring Program (8 weeks): February 14th – April 18th

Also Included Year End Pizza Party & Fun Night For all players on May 2nd

Registration Options:

What is your T-shirt size? Adult S / M / L

Full Year: Fall , Winter & Spring	Any 2 Sessions	Fall Session	Winter Session	Spring Session
\$85.00	\$85.00	\$85.00		
\$85.00	\$85.00		\$85.00	
\$85.00				\$85.00
\$10.00 shirt	\$10.00 shirt	\$10.00 shirt	\$10.00 shirt	\$10.00 shirt
Total \$265.00	\$180.00	\$95.00	\$95.00	\$95.00
Register for all 3 - Save \$20.00 Pay Only \$ 245.00	Register for any 2 Save \$10.00	Only pay once for your team shirt		

Parents (Guardians) are you interested in Assisting? Yes() No() or Coaching? Yes() No()

If you coach a team, your child will be given ½ price registration as a thank you for your support with our program. Note: Coaches are selected based on coaching & or past volleyball experience.

Have you attached the signed copy of the Assumption Of Risk and Indemnity Agreement as part of the registration package? It must be attached before participating in this program.

All requests for refunds must be made in writing, allowing 30 days notice so that other players can be given your place. A \$15.00 Administration fee will apply to all refunds or transfer of sessions. No Refunds for Cancellations after each session begins. Sorry, Post Dated Cheques WILL NOT be accepted.

Date of Registration: _____ Cash / Cheque Accepted By: _____

Mail or Drop off Completed Forms & Payment To:

Katerina Bowden
12 Eton Place
Guelph, ON, N1E 3L5 (North End)

