



Division: PeeWee_____ Bantam_____

DURHAM ATTACK BOYS' HOUSE LEAGUE REGISTRATION FORM

Athlete's Name: _____

Parents'/Guardians' Names: _____

Address: _____

City: _____ Postal Code: _____

Parent/Guardian Phone Numbers: Daytime: (_____) _____

Evening: (_____) _____

Athlete's Current Grade: _____ Athlete's Age: _____ Athlete's DOB _____

Athlete's School: _____

Preferred Position (if any): _____

T-shirt size (adult): S M L XL

Emergency Contact: _____

Emergency Contact Phone Number: _____

Athletes' Health Card Number: _____

Health Considerations: _____

Fee: \$150 Method of payment: cheque____ cash____

Statement of Waiver:

I/we the undersigned being the parent/guardian of the child listed above (hereafter known as "athlete") do hereby release the Durham Attack Volleyball Club, its' staff and any and all of its' affiliates from any liability for loss or harm to the "athlete" due to injury, accident or by any other means.

Parent/Guardian Signature

Date

*Registration by mail: Send this form and a cheque for \$150 payable to "Durham House League" to : Scott Burrows - 1596 Sherbrook Court, Oshawa, Ont. L1K 2S1