



Tryout ID #
Internal Use Only

RETURNING Player Registration Form

2017/2018 Season ♦ \$175.00

NAME: _____

MAILING ADDRESS: _____

TOWN: _____ POSTAL CODE: _____

PHONE: HOME: (____) _____ CELL: (____) _____

WORK: (____) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ MM/DD/YYYY

EMERGENCY CONTACT PERSON: _____

PHONE NUMBER(S): _____

17/18 CAPTAIN: _____

PREVIOUS VOLLEYBALL EXPERIENCE: _____

POSITION (S) PREFERRED: 1. _____ 2. _____ 3. _____

1. Please list any medical conditions: (i.e. asthma, allergies, pregnancy etc.)

2. **Players need to be able to commit to playing 8:30 p.m. to 10:30 p.m.** To the best of your knowledge, do you have any commitment(s) which would interfere with your ability to attend on a regular basis? (i.e. shift work) ☐ Yes ☐ No

WAIVER FORM

I hereby register and agree to hold harmless the Aurora Ladies Volleyball League (ALVL), the team, officials and executive from any and all injuries sustained while playing in this league or tryouts. I hereby waive and forever discharge the ALVL from all claims, damages, costs and expenses in respect to injury and or damage to my person or property however caused which I may sustain as a result of my participation in the league. I agree to abide by the Ontario Volleyball Association rules and the Aurora Ladies Volleyball Constitution, bylaws and playing rules.

I hereby grant permissions for photos of me to be published. ☐ Yes ☐ No

Signature _____

Date _____

IMPORTANT NOTE

- No refunds will be issued after January 1, 2018. Notify your captain if you require a refund.
- Any player who does not pay the registration fee by October 18, 2017 will no longer be able to play in the 17-18 season.

PAID: CASH _____ CHEQUE # _____ Rating: _____