



RETURNING Player Registration Form

2009/2010 Season ♦ \$140.00

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): _____

08/09 CAPTAIN: _____

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

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

2. 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.

Signature

Date

IMPORTANT NOTE

- No refunds will be issues after January 1, 2010. Notify your captain if you require a refund.
- Any player who does not pay the registration fee by October 13, 2009 will no longer be able to play in the 09-10 season.

PAID: CASH _____ CHEQUE # _____ Rating: _____