



PETERBOROUGH THUNDER VOLLEYBALL CLUB

Registration Form

Select the league you wish to register for:

Competitive Club House League Both

Select one of the following divisions:

<u>Competitive Club</u>			
Under 14 Girls (born in 1998)	<input type="checkbox"/>	Under 15 Girls (born in 1997)	<input type="checkbox"/>
Under 16 Girls (born in 1996)	<input type="checkbox"/>	Under 17 Girls (born in 1995)	<input type="checkbox"/>
Under 18 Girls (born in 1994)	<input type="checkbox"/>		
*Please complete the Player Transfer section below			

<u>House League</u>			
Under 13 Girls (born in 1999)	<input type="checkbox"/>	Under 14 Girls (born in 1998)	<input type="checkbox"/>
Under 15 Girls (born in 1997)	<input type="checkbox"/>	Under 16 Girls (born in 1996)	<input type="checkbox"/>
Under 18 Girls (born in 1994/95)	<input type="checkbox"/>	Under 15 Boys (born in 1997)	<input type="checkbox"/>
*Parents, are you willing to coach a house league team? (1 hour long practice and 1 game/week)		YES	<input type="checkbox"/> NO <input type="checkbox"/>

Athlete Information

Name: _____ Health Card #: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Parent's Email: _____

Birth date (dd/mm/yyyy): _____ Height: _____

Father: _____ Phone: (w) _____ (h) _____ (c) _____

Mother: _____ Phone: (w) _____ (h) _____ (c) _____

Emergency Contact: _____ Relationship: _____

Phone (w): _____ Phone (h): _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

School: _____ Years Played: _____

Positions: _____ Coach: _____

Player Transfer (For Club Players Only)

Did you play OVA club volleyball last season? YES NO

- If yes, which club? _____

Did you attend an OVA Summer Elite Centre? YES NO

- If yes, did you declare your intent to transfer clubs to the OVA and advise your previous club of your intentions? YES NO
- If no, please talk to the person in charge of this tryout to understand what your obligations are before continuing.

THIS IS A REQUIREMENT OF THE ONTARIO VOLLEYBALL TRANSFER POLICY



Medical Information

This form is designed for you. The questionnaire helps identify athletes who should have medical consent before participating with Peterborough Thunder Volleyball Club (PTVC). Read all the questions carefully and answer YES or NO opposite the appropriate question. Sign and date this form at the bottom after completing it in full.

YES NO

- 1. Has your doctor ever said you have a heart condition and recommended only medically approved physical activity?
2. Do you have chest pain brought on by physical activity?
3. (a) Have you ever been treated for a head injury?
(b) In the last year?
4. Do you lose consciousness or lose your balance as a result of dizziness (i.e. Epilepsy)?
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity (i.e. Arthritis)?
6. Is your doctor currently prescribing medication for your blood pressure or heart condition (i.e. Diuretics or water pills)?
7. Significant present or past injury? Explain:
8. Chronic medical problems such as back or knee pain? Explain:
9. Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval?

If you answered YES to #3B, you are required to see a physician before participating with PTCV. Talk to your Coach if you need assistance or clarification.

Do you wear any of the following?

- Corrective Lenses: ___
Contact Lenses: ___
Dentures or Braces: ___
Orthopedic Braces: ___

Do you suffer from any of the following?

- Recurring Headaches: ___
Blackouts: ___
Seizures: ___
Chest Pain: ___

Have you had a Tetanus Shot in the last ten years? _____

Have you had a measles shot in the last ten years? _____

I (print) _____ have read and answered the Peterborough Thunder Volleyball Club Medical Information Form (see above). I certify all my answers to be true and I declare myself in good health and ready to participate within PTCV.

Parent/Guardian Signature: _____

Athlete Signature: _____

Date: _____