



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 per League (refer to your selection(s) above):

Competitive Club Registration Fee: \$700 per athlete

Under 13 Girls (born in 2004 or after)

Under 16 Girls (born in 2001)

Under 14 Girls (born in 2003 or after)

Under 17 Girls (born in 2000)

Under 15 Girls (born in 2002)

Under 18 Girls (born in 1999)

* Please complete the "Player Transfer" section, below—tryouts begin mid-September

House League Registration Fee: \$100 per athlete

Under 12 Girls (born in 2005 or after)

Under 15 Boys (born in 2002) or

Under 13 Girls (born in 2004 or after)

Possible Boys OVA Team (2003)

Under 14 Girls (born in 2003 or after)

Under 15 Girls (born in 2001)

* Parents/Guardians: are you willing to coach a House League team? Yes No
(One 60-minute practice and one game per week)

Athlete Information

Name: _____ Health Card #: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Parent Email: _____

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

Father/Male Guardian (MG): _____ Mother/Female Guardian (FG): _____

Father/MG Work Phone: _____ Mother/FG Work Phone: _____

Father/MG Home Phone: _____ Mother/FG Home Phone: _____

Father/MG Cellphone: _____ Mother/FG Cellphone: _____

Emergency Contact: _____ Emergency Contact Relationship: _____

Emergency Work Phone: _____ Emergency Home Phone: _____

Physician's Name: _____ Physician Phone: _____

Dentist's Name: _____ Dentist Phone: _____

Consent is given for pictures to be posted to the Peterborough Thunder Website (circle one): Yes or No

Player Transfer (For Competitive Club Players Only)

Did you play OVA club volleyball last season? Yes No

♦ If yes, which club: _____

Did you attend and 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 ASSOCIATION (OVA) TRANSFER POLICY



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Medical Information Form

This form is designed for you. This questionnaire helps identify athletes who should have medical consent before participating with the 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 the form in full.

Yes No

- 1. Has your doctor 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 past 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 3(b), you are required to see a physician before participating with PTVC. 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?

Yes No

Have you had a Measles Shot in the last ten years?

Yes No

I (clearly print full name) _____ 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 PTVC.

Parent/Guardian Signature: _____

Date: _____

Athlete Signature: _____

Date: _____