



SELKIRK ROYALS VOLLEYBALL

ATHLETE INFORMATION 15U

Born Sept 1 2006 to Dec 31 2007

Player Surname:	Player First Name:	
Parents' Names:		
Address (street, city):		
Postal code:	Birthdate (dd/mm/yyyy):	
Athlete's Cell Phone:	Home Phone:	
Athlete's Email:		
Parent's Email(s):		
Disclaimer:		Number Preference:
(Please read and sign below):		Number Preference:
•	Boys Volleyball Club and its staff are	
neither responsible for lost or stolen articles nor liable for any		Warm up tee size:
injuries incurred as a result of participation in Club tryouts. As well, I		•
confirm that my son is medically fit to partake in the tryout activities, has been double vaccinated against COVID 19 and has proof of		Uniform size:
vaccination available.	nst COVID 19 and has proof of	
vaccination available.		PLEASE NOTE: If your son is
		successful at making the team a
Date	Name	\$250.00 deposit is required at final
		tryout as some Nationals and
		Volleyball Manitoba costs need to be
Signature		paid before the New Year.
CLUB Purposes only:	COVID19 Vaccination verified: YES	by (initials)
Tryout fee paid: Y N	Initial Deposit \$250 paid: Cash	Cheque Etrans