

Last Name: \_\_\_\_\_

DATE: \_\_\_\_\_



# Volleyball Canada Regional Excellence Program

## Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth (Day/Month/Year): \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female   
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_

High School name: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Club Team name: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Graduation year: \_\_\_\_\_ Position: \_\_\_\_\_  
 Playing history: \_\_\_\_\_  
 How did you learn about us? \_\_\_\_\_

Are you a member of the Richmond Olympic Oval? No  Yes  Member number: \_\_\_\_\_  
 Have you participated in the Daytime Program before? No  Yes

## Parent/Guardian Information (Main Contact)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to Participant: \_\_\_\_\_  
 Primary Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## Volleyball Program Information

Program ID	Season (FULL, Fall OR Winter)	Session Days	TIMES

Last Name: \_\_\_\_\_

DATE: \_\_\_\_\_



### Medical Information of Participant

Does your child have any allergies? No  Yes

If yes, state details (including severity of reaction).

If your child carries medication, please identify what it is and where it is kept?

Will you require program staff to administer medication (including Epi-Pens)? No  Yes

Does your child have any medical conditions or limitations (physical and/or emotional)? Please describe.

### Payment Information

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type of Card (Visa or Mastercard): \_\_\_\_\_

CVC: \_\_\_\_\_

Name on Card: \_\_\_\_\_

### Registration Policy

#### Day Time Program:

Remaining monthly payments will be scheduled for the 1st day of the month.

#### How to register:

**Email:** Complete the form and select 'Save As'. Save the file and then email to [volleyball@richmondoval.ca](mailto:volleyball@richmondoval.ca)

**In person:** 6111 River Road. Richmond, BC

**By fax:** 778.296.1429