

Registration form

Meduxnekeag Consolidated School 2017 March Break Volleyball Camp

March: 6-7-8 Monday-Tuesday-Wednesday

❖ Name of parent / guardian _____ (please print)

❖ Email address _____ @ _____

Name of participant: _____ girl or boy

Current Address: _____

City / Municipality: _____ Postal code: _____

Known allergies: _____

Medical condition: _____

Medicare number: _____

❖ Parent / Guardian phone numbers: Home: _____ Cell: _____

Office: _____ Emergency number: _____

👉 ↓ **Participant: t-shirt: S - M - L - XL - (adult sizes)**

👉 Which skill(s) you would like to improve?

👉 I (participant) am currently in grade _____.

❖ Parent / Guardian signature: _____

❖ Date: _____

Cheque for the amount of \$90 to: **Volleyball New Generation**

The payment can be made on Monday morning March 7.