

## 2019 Membership Application Form (confidential when completed)

This form shall be the application form for membership to the Thunder Bay Youth Beach Volleyball League (TBYBV) in partnership with Lakehead Women's Varsity Volleyball. This league is to promote youth volleyball development. This form is to be completed prior to participation at any TBYBV events.

Participate				
Name:				
Date of Birth:				
Partner's Name:				
Parent or guardian Info	rmatic	on		
Name:				
Cell Phone:			Work Phone:	
Home Phone:		Email:		
Address:				
City: F			Postal Code:	
Participating Child's OHIP #: _				
Emergency Contact Informati	on			
<u>Name</u>		<u>Relationship</u>	<u>Phone</u>	
Contact 1:				
Contact 2:				
MEDICAL INFORMATIO	N FOI	<b>RM</b> (	confidential, to be kept with the team for in	nmediate availability)
If yes, please check appropriat	te box.			
Medical Alert bracelet:?	Yes	No	If yes, what does it say?	
Are you asthmatic? Are you diabetic? Are you epileptic?	Yes Yes Yes	No No No		



If yes to any of the above, p	ease provide details including	medication taken for these:
Medical Conditions, current that the TBYBV and represe	-	medication and other relevant information
information as soon as poss management will take the p	ble and that in the event that layer to a hospital or a doctor o the appropriate persons (or	TBYBV of any change in medical related nobody can be contacted, league if deemed necessary. We hereby authorize the ganizer, coach, manager, physician or other
was submitted. This deposit involving your team occur. Incidents that would cause it. Not showing up without ra) If you cant make a game to Attempt to get a replaced -Notify league contact who	t an additional \$150 deposito cheque will be return at the est to be cashed include: notifying league contact with a follow this steps: or substitute to fill in for yours the substitute will be	
		ontact with an legitimate explanation nd ready to start playing 5 minutes prior to
We understand that the dep	osit cheque will be cashed if o	one of the previously stated incidents occure:
Player (Please print)	Signature	Date (dd/mm/yyyy)
Parent / Guardian (Please p	int) Signature	 Date (dd/mm/yyyy)



## **Photo Release Waiver**

I understand the Thunder Bay Youth Volleyball Club and Lakehead Women's Varsity Volleyball have the right to take photographs, videotape or digital recordings of me to be used in any and all media. I am aware that by giving consent, I am permitting my name to be posted on the Thunder Bay Youth Beach Volleyball League, Lakehead Women's Varsity Volleyball Team and publications, which can be viewed by anyone who accesses the Thunder Bay Youth Beach Volleyball League website or Lakehead Women's Varsity Volleyball website or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting **Eddie Jung** at **eijung@lakeheadu.ca** 

ejjung@lakeheadu.ca		
Player (Please print)	Signaturo	 Date (dd/mm/yyyy)
Player (Please print)	Signature	Date (dd/IIIII/yyyy)
Parent / Guardian (Please p	Date (dd/mm/yyyy)	
<b>Participation Waiver</b> I or we fully understand by	signing this waiver I or we hereby	forfeit the ability sue the Thunder Bay
•		S Varsity Volleyball organization, its
	•	any personal injury while participating in
,	<del>-</del>	ner or not the injury is caused partly or fully Lakehead Women's Varsity Volleyball
organization, its coaches, or	•	
Date:		
Signature:		
(Parent of Guardian if partic	cipate is under age of majority or 1	18)