



Extreme Fitness Club  
[www.efchawaii.com](http://www.efchawaii.com)

## Registration Form

OLYMPIC CLINIC FOR GIRLS (Ages 13 – 18)  
 June 2, 3 & 4, 2008, 4:30 pm to 8:30 pm

Registration Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

MI

Address \_\_\_\_\_

Street

City

State

Zip

School \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

### Parent Information

Mom's Name \_\_\_\_\_ Mom's Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mom's Email \_\_\_\_\_ Mom's Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Dad's Email \_\_\_\_\_ Dad's Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical & Dental Information

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Issues?  Yes  No Please Explain: \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Marketing/Promotion Release Authorization

I (parent), \_\_\_\_\_ consent and authorize Extreme Volleyball Club to market, promote and air programming of which contain my child's photographs but not limited to video and audio. I am aware that the purpose of this material is to promote Extreme Volleyball Club and youth volleyball.

#### Registrar's Use Only

Registration Fees: **\$125.00** (Pre-registration Cost: \$100.00)

**Deadline for pre-registration – May 15, 2008**

Cash  Check # \_\_\_\_\_ Amount \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Balance Due \_\_\_\_\_

Please make checks payable to: **Extreme Fitness Club**

P.O. Box 37035/Honolulu, HI 96837/e-mail: [info@efchawaii.com](mailto:info@efchawaii.com)