



Extreme Fitness Club

[www.efchawaii.com](http://www.efchawaii.com)

## Registration Form

MAY 27 – JULY 22, 2009 SESSIONS

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

Division  Ages 5 – 11  Ages 12– 16      Gender  M  F

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: \$250 for ages 5-11 \$375 for ages 12-16

If a player notifies Extreme Fitness Club in writing received on or before May 22, 2009 that the player will be unable to attend the session, Extreme Fitness Club will refund the registration fee minus a \$25.00 handling charge. Otherwise, FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

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

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

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

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