



Extreme Fitness Club
www.efchawaii.com

Registration Form

January 4 – March 17, 2012, Volleyball Winter Clinic

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: \$400

If a player notifies Extreme Fitness Club in writing received on or before January 2, 2012 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**