



Extreme Fitness Club
www.efchawaii.com

Registration Form

Girls Volleyball Team Concepts Clinic
 April 9 – June 4, 2011

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: **\$300**

If a player notifies Extreme Fitness Club in writing received on or before April 4, 2011 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**

P.O. Box 37035/Honolulu, HI 96837/e-mail: info@efchawaii.com