



2024 SUMMER / FALL CAMP REGISTRATION

SKILLS CAMPS REGISTRATION & INFORMATION SHEET

First Name

Last Name

Address

City

Postal Code

Phone #

Birth Date

____ / ____ / ____
Month Date Year

Gender

☐

Male

☐

Female

☐

Gender
Neutral

MB Health (6 Digit) : _____

PH ID# (9 digit) : _____

Cell PH:

e-mail:

Mother's Name / Legal Guardian Name

Address (IF DIFFERENT THEN ABOVE)

Cell PH:

e-mail:

Father's Name / Legal Guardian Name

Address (IF DIFFERENT THEN ABOVE)

Emergency Contact Person:

Name

PH#

Relation to Athlete

Address



PLEASE "X" OFF THE CAMPS YOU ARE REGISTERING FOR

☐ **WEEK 1** - August 19-22 6-8pm Venue TBA (max 20 participants)

☐ **WEEK 2** - August 26-29 6-8pm Venue TBA (max 20 participants)

CAMP COST - \$450.00

Sundays Afternoon Camps \$225.00

☐ Oct 20-Dec 8th
1-3 pm
UNIVERSITY OF ST BONIFACE

PAYMENTS TO BE MADE BY CASH OR E-TRANSFER (wildvolleyballmb@gmail.com)

I also authorize release of information to appropriate people as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act

I hereby grant to the Wild Volleyball Club the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of me, taken during the 2022/2023 volleyball season for use in connection with the activities of the Wild VB Club or for promoting, publicizing or explaining the Club or its activities.
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These images may appear in any of the wide variety of formats and media now available to the Program and that may be available in the future, including but not limited to print, broadcast, and electronic/online media.

SIGNED : _____