



# DURHAM ATTACK BOYS' HOUSE LEAGUE REGISTRATION FORM

Athlete's Name: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Phone Numbers: Daytime: (\_\_\_\_\_) \_\_\_\_\_

Evening: (\_\_\_\_\_) \_\_\_\_\_

Athlete's Current Grade: \_\_\_\_\_ Athlete's Age: \_\_\_\_\_ Athlete's DOB \_\_\_\_\_

Athlete's School: \_\_\_\_\_

Preferred Position (if any): \_\_\_\_\_

T-shirt size (adult):    S                    M                    L                    XL

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Athletes' Health Card Number: \_\_\_\_\_

Health Considerations: \_\_\_\_\_

**Statement of Waiver:**

I/we the undersigned being the parent/guardian of the child listed above (hereafter known as "athlete") do hereby release the Durham Attack Volleyball Club, its' staff and any and all of its' affiliates from any liability for loss or harm to the "athlete" due to injury, accident or by any other means.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*Registration by mail: Send this form and a cheque payable to "Durham House League" to :  
Scott Burrows - 1596 Sherbrook Court, Oshawa, Ont. L1K 2S1