



# PETERBOROUGH THUNDER VOLLEYBALL CLUB

## Registration Form

Select the League you wish to register for:

Competitive Club

House League

Both

Select **one** of the following divisions per League (refer to your selection(s) above):

Competitive Club Registration Fee: \$675 per athlete

Under 13 Girls (born in 2003 or after)

Under 16 Girls (born in 2000)

Under 14 Girls (born in 2002 or after)

Under 17 Girls (born in 1999)

Under 15 Girls (born in 2001)

Under 18 Girls (born in 1998)

\* Please complete the "Player Transfer" section, below—tryouts begin mid-September

House League Registration Fee: \$100 per athlete

Under 12 Girls (born in 2004 or after)

Under 15 Boys (born in 2001) or

Under 13 Girls (born in 2003 or after)

Possible Boys OVA Team (2002)

Under 14 Girls (born in 2002 or after)

Under 15 Girls (born in 2001)

\* Parents/Guardians: are you willing to coach a House League team? Yes  No   
(One 60-minute practice and one game per week)

### Athlete Information

Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Birth date (dd/mm/yyyy): \_\_\_\_\_ Height: \_\_\_\_\_

Father/Male Guardian (MG): \_\_\_\_\_ Mother/Female Guardian (FG): \_\_\_\_\_

Father/MG Work Phone: \_\_\_\_\_ Mother/FG Work Phone: \_\_\_\_\_

Father/MG Home Phone: \_\_\_\_\_ Mother/FG Home Phone: \_\_\_\_\_

Father/MG Cellphone: \_\_\_\_\_ Mother/FG Cellphone: \_\_\_\_\_

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

Emergency Work Phone: \_\_\_\_\_ Emergency Home Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Consent is given for pictures to be posted to the Peterborough Thunder Website (circle one): Yes or No

### Player Transfer (For Competitive Club Players Only)

Did you play OVA club volleyball last season? Yes  No

♦ If yes, which club: \_\_\_\_\_

Did you attend and OVA Summer Elite Centre? Yes  No

♦ If yes, did you declare your intent to transfer clubs to the OVA and advise your previous club of your intentions? Yes  No

♦ If no, please talk to the person in charge of this tryout to understand what your obligations are before continuing.

**THIS IS A REQUIREMENT OF THE ONTARIO VOLLEYBALL ASSOCIATION (OVA) TRANSFER POLICY**



# PETERBOROUGH THUNDER VOLLEYBALL CLUB

## Medical Information Form

This form is designed for you. This questionnaire helps identify athletes who should have medical consent before participating with the Peterborough Thunder Volleyball Club (PTVC). Read all the questions carefully and answer YES or NO opposite the appropriate question. Sign and date this form at the bottom after completing the form in full.

**Yes No**

- 1. Has your doctor said you have a heart condition and recommended only medically approved physical activity?
- 2. Do you have chest pain brought on by physical activity?
- 3. (a) Have you ever been treated for a head injury?  
  (b) In the past year?
- 4. Do you lose consciousness or lose your balance as a result of dizziness (i.e., epilepsy)?
- 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity (i.e., arthritis)?
- 6. Is your doctor currently prescribing medication for your blood pressure or heart condition (i.e., diuretics or water pills)?
- 7. Significant present or past injury? Explain:
- 8. Chronic medical problems such as back or knee pain? Explain:
- 9. Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval?

If you answered YES to 3(b), you are required to see a physician before participating with PTVC. Talk to your Coach if you need assistance or clarification.

Do you wear any of the following?

- Corrective Lenses
- Contact Lenses
- Dentures or Braces
- Orthopedic Braces

Do you suffer from any of the following?

- Recurring Headaches
- Blackouts
- Seizures
- Chest Pain

Have you had a Tetanus Shot in the last ten years?

Yes  No

Have you had a Measles Shot in the last ten years?

Yes  No

I (clearly print full name) \_\_\_\_\_ have read and answered the Peterborough Thunder Volleyball Club Medical Information Form (see above). I certify all my answers to be true and I declare myself in good health and ready to participate within PTVC.

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

Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_