



SYNERGY Registration Form

Saturdays
St. Pat's CHS
\$120

ATHLETE INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Gender: M F Year of Birth: _____

T-Shirt Size: YS YM YL S M

Medical Concerns: _____

PROGRAM SELECTION

	Session 1 Oct 17	Session 2 Jan 9	Session 3 Mar 27
Level 1 (ages 6 – 9)			
Level 2 (ages 10 – 12)			

	Fees	
Session 1		
Session 2		
Session 3	OFFICE USE ONLY	
	Paid	Cheque#
TOTAL		

PARENT/GUARDIAN INFORMATION

Name: _____ Phone: _____

Email: _____

Refund Policy

Athletes dropping out of the program can expect a refund minus an administrative fee of \$25 (this includes the t-shirt \$10). If the athlete has attended any sessions, monies per session will also be deducted from the fees. A refund cheque will be mailed to the address indicated on the form.

PERSONAL INFORMATION & PHOTO RELEASE, WAIVER & INDEMNIFICATION

I understand the Ottawa Fusion Volleyball Club (OFVC or the Club) gathers personal information about each of its participants, including name, address, telephone number, gender and date of birth. This information is used for the purposes of communications from the OFVC with regard to Club programs, events, promotions and sponsorships. The Ontario Volleyball Association and Volleyball Canada may also use the information for annual registration and membership demographics. The OFVC also requests medical and emergency contact information to use in case of emergency.

I understand the OFVC has the right to take photographs, videotape or digital recordings of me to be used in any and all media. I am aware that by giving consent, I am permitting my name to be posted on the OFVC website and publications, which can be viewed by anyone who accesses the OFVC website or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the Privacy Officer of the Club (see ottawafusion.ca).

As a member of the OFVC, I agree to abide by the rules and regulations of the OFVC as approved through the By-Laws, Policies and Procedures of the Club. As a member of the OFVC, I shall uphold the high standards of the Club and shall never do anything to damage the reputation of the OFVC. I understand and agree that the OFVC and/or any of its officials, affiliates or sponsors are not responsible for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract may result in the immediate termination of my membership.

Parent/Guardian Signature: _____

Date: _____



JuniorFUSION Registration Form

Sundays
University of Ottawa
Montpetit Hall
\$175

ATHLETE INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Gender: M F Year of Birth: _____

T-Shirt Size: S M L XL

Medical Concerns: _____

PROGRAM SELECTION

Session 1 Session 2
Oct 4 Jan 9

Fees

Session 1	OFFICE USE ONLY	
Session 2	Paid	Cheque#
TOTAL		

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Parent/Guardian Signature: _____ Date: _____