



Extreme Fitness Club www.efchawaii.com

Registration Form

April 7 – May 13, 2010

Team Concepts Clinic

Registration Date _____

Gender M F

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 5, 2010 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