

Burnaby School District Volleyball Academy - Application-Registration Form 2021-2022

EMAIL: Andy.Chin@burnabyschools.ca Attn: Andy Chin, Principal



<p>STUDENT INFORMATION</p> <p>Last Name: _____ First Name: _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____ Home Phone: _____</p> <p>Student Cell Phone: _____ Parent Cell Phone: _____</p> <p>Student E-mail: _____</p> <p>Parent E-mail: _____</p>	<p>Birth Date: _____</p> <p>Current School: _____</p> <p>Current Grade: _____</p> <p>School Next Year: _____</p> <p>Current Date: _____</p>	
<p>STUDENT MEDICAL INFORMATION (BC Residents)</p> <p>BC Care Card #: _____ <i>(must provide)</i></p> <p>Emergency Contact Name: _____ Phone: _____</p>	<p style="text-align: center;">MEDICAL HISTORY <i>Please list any allergies, med. conditions, medications etc...</i></p>	<div style="background-color: #e0e0ff; padding: 5px; text-align: center; font-weight: bold;">for internal use only</div> <p>Date received: _____</p> <p>Date approved: _____</p>
<p>NON-BC Residents: Out of Province <input type="checkbox"/> Medical #: _____</p> <p>Travel Insurance <input type="checkbox"/> Insurance Provider: _____ <i>(must provide prior to start date)</i></p>	<p>ACADEMY FEE</p> <p>Academy fee is payable by cheque or credit card.</p> <p>ACADEMY/ELITE STREAM \$2350/year, monthly payment option available.</p>	
<p>PARENT CONSENT</p> <p>I hereby grant my child named _____ permission to participate in the Burnaby School District Volleyball Academy and, in the event of an accident or injury, authorize Cariboo Hill/Burnaby School District to provide or cause to be provided such medical services, as deemed appropriate. The Burnaby School District Volleyball Academy reserves the right to refuse further participation to any participant for rule infractions.</p> <p><input type="checkbox"/> Yes, I give Burnaby School District/Cariboo Hill/Volleyball Canada my consent to take photographs or videos of my child and reproduce such photographs or videos for use in School District promotional materials or publications.</p> <p>Signature of Parent/Guardian _____ Relationship to Student _____ Date _____</p> <p>The information on this form is related directly to and needed by the School to administer and operate the Volleyball Academy including registration, payment of fees and obtaining parental consent. The student's BC Care Card number and relevant medical history is needed in the event of an accident or injury.</p>		



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PLAYER PROFILE:

Date	Club Team	Level	Position(s)
2019-2020			
2020-2021			

Other (e.g. Select program, School, etc.):

Brief Description of Player Goals (e.g. wants to develop as a player & person; wants to play college volleyball, etc.):

