



2019 Western Canada Summer Games Athlete Registration Form

Volleyball Player Information

First Name: _____

Last Name: _____

Date of Birth: YEAR _____ Month _____ Day _____

Age today: _____ years

Town/City: _____ Phone #: _____

Parent's email: _____

Emergency Contact (Please provide the parent/ guardian information below)

Full Name: _____ Relationship: _____

Home #: _____ Work/Cell #: _____

Safety Information

Does this participant have any medical conditions, allergies, or special needs the staff should know about? Please list below:
