

ATHLETE	
ID NUMBER	

2016 Registration

General Information:

First Name:	Last Name:	Male Female
Address:	Postal Code:	18U Born Sept 1, 1997
City:	Home Phone:	to Dec 31, 1998
Parent's E-mail:		17U Born Sept 1, 1998 to Dec 31, 1999
Athlete's E-mail: Athlete's Cell #		16U Born Sept 1, 1999 to Dec 31, 2000
Birthdate: D/M/YR	Height:	
Manitoba Health #:		15U Born Sept 1, 2000 to Dec 31, 2001
Personal PIN #:		
Volleyball/Sports Histor	y :	14U Born Sept 1, 2001 to Dec 31, 2002
School:		13U Born Sept 1, 2002
Position(s) played:		and later
Last Club Volleyball Tea	m and Coach:	
Parent/Guardian Inforn	nation:	
Father: First name:	Mother: First name:	
Last name:	Last name:	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
E-mail:	E-mail:	