



Registration Form

Please mail with payment to:
Pakmen Volleyball
1703-350 Rathburn Rd West, Mississauga, ON, L5B3Y2

Office Use Only

Player Information

Player's First Name _____ Player's Last Name _____

Female
 Male

Address _____

City _____ Postal Code _____ Phone Number _____

Email Address (Confirmation & Tax receipt will be sent via email) _____ Player's Year Of Birth _____

Parent/Guardian's Name _____ Medical Concerns _____

| | Program Name | Location / Time | Start date | Total Amount (\$) |
|----|--------------|-----------------|------------|-------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Method of Payment

Make cheques payable to: Pakmen Volleyball Club

Cash Visa Mastercard Cheque

Would you like to donate \$2.00 to the Pakmen Community Fund? Yes No

Total Payment
\$ _____ . _____

Card Number (if paying by credit card) _____ Expiry (Month/Year) _____ CVV *3 Digits on back _____

Cardholder's Name _____ Cardholder's Signature (required to process) _____

Personal information & photo release, waiver and indemnification: I understand Pakmen gathers personal information about each of its participants, including name, address, email, telephone number, gender and date of birth. This information is used for the purposes of communication from Pakmen with its regard to Pakmen programs, events, promotions, and sponsorships. Pakmen never shares this information. I understand and agree that Pakmen and/or any of its coaches, program coordinators, officials, affiliates, or sponsors are not responsible for any injury, damage or loss resulting from my accident from known or unknown conditions however caused.

In the event that a customer is unable to attend a session(s), makeup class (es) will not be offered. Withdrawals with a full refund up to one week before the start of the program will be charged a \$25 administration fee, unless a doctor's note is provided. Withdrawals after this date, but before the start of the program will be charged a \$50 administration fee, unless a doctor's note is provided. No refunds will be issued after the start of this program, unless a doctor's note is provided.

Parent signature _____ Date _____