

**Forest City Volleyball Club  
Acorn House League Program  
Athlete Registration Form**



*FOREST CITY* 2011-2012

**Athlete Information:**

*Please print clearly*

First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year

Last Name: \_\_\_\_\_

Gender: M / F *(circle one)*

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Concerns: \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Information:**

*Please print clearly*

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_  
*(if different from athlete's)*

Alt. Email: \_\_\_\_\_  
*(if different from athlete's)*

**Declaration:**

I am applying to be a member of the FCVC Acorn Volleyball League. As this is a competitive House League, I understand that I must make an effort to attend every Sunday session to ensure my team has enough players to compete.

Signature of Parent/Guardian: \_\_\_\_\_

FCVC Internal Use Only	Payment Amount Received	Team Assigned To	Registration Date

## Registering in Acorn House League Volleyball

1. Print the Registration Form available by clicking the “Registration Form – PDF” button in the navigation bar on the left.
2. Fill out the form.
3. Submit the form in 1 of 3 ways.
  - a. By Email - Scan the completed form back onto your computer and attach it to an email sent to Bob Mann at [sherrimann@rogers.com](mailto:sherrimann@rogers.com).
  - b. By Fax to Bob Mann at 519-686-9972.
  - c. Mail to

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