

**Forest City Volleyball Club
Treasurer's Form
2009-2010**



Athlete Information:

Please print clearly

Name: _____ DOB: _____ / _____ / _____
Day Month Year

Team: 12U / 13U / 14U / 15U / 16U / 17U / 18U Green / Blue / Grey Gender: M / F

Tax Credit Information:

Please print clearly

Please issue tax receipts to the following Payor(s):

1) Name: _____ Amt Paid: \$ _____
Address: _____ Date Paid: _____ / _____ / _____
Day Month Year
City: _____ Postal Code: _____

2) Name: _____ Amt Paid: \$ _____
Address: _____ Date Paid: _____ / _____ / _____
Day Month Year
City: _____ Postal Code: _____

OVA Personal Information & Photo Release, Waiver and Indemnification:

I understand Ontario Volleyball (OVA) 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 purpose of communications from OVA with regard to OVA programs, events, promotions and sponsorships. The information is also used by Volleyball Canada for annual registration and membership demographics. OVA also requests medical and emergency contact information to use in case of a medical emergency.

I understand that Ontario Volleyball has the right to take photographs, videotape or digital recordings of me at its programs to be used in any and all media. I am aware that by giving consent, I am permitting my name to be posted on the OVA website and publications, which can be viewed by anyone who accesses the OVA website or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting Orest Stanko, OVA Privacy Officer (privacy@ontariovolleyball.org).

Upon acceptance as a member of Ontario Volleyball (and Volleyball Canada) I agree to abide by the rules and procedures of the OVA as approved through the By-Laws, Rules and Regulations of the OVA. As a member of the OVA I shall uphold the high standards of the OVA and shall never do anything to damage the reputation of the OVA. I understand and agree that the OVA and/or any of its officials, affiliates or sponsors are not responsible for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract may result in the immediate termination of my membership.

Parent or Guardian Signature

Date