BEACH VOLLEYBALL ACADEMY
(BVA)

Session: _____

APPLICANT INFORMATION

Name: First* _____ Initial _____
Last* _____

Address: Street _____ Unit _____
City _____
Province _____ Age _____
Postal Code _____ Date of Birth ___|___|____
dd mm yyyy

Phone Number* ( ) _____ - _____

E-Mail _____ OVA Ranking: Yes ☐
No ☐

Health Card#* _____

T-Shirt Size* X-Small ☐ Small ☐ Medium ☐ Large ☐ X-Large☐ XX-Large ☐
(only included in the cost of all Summer clinics)

Permission to use your photo on our website or our 'Facebook' photo page? * Yes ☐
No ☐

Applicant Signature* _____

EMERGENCY CONTACT INFORMATION

Name: First* _____
Last* _____

Phone Number* ( ) _____ - _____

Parent/Guardian Signature* _____ Date* _____
(if applicant under 18 years old)

PARTNER INFORMATION (FOR ZEPHYR BEACH CLUB ONLY*)

Name: First* _____ OVA Ranking: Yes ☐
Last* _____ No ☐

How did you hear about the Beach Volleyball Academy (BVA)? _____

* Mandatory Information www.beachvolleyballacademy.com Beach Volleyball Academy©2009.2010

Returning Member: Yes ☐ No ☐ Member # _____ Waiver: Yes ☐ No ☐