



# BEACH VOLLEYBALL ACADEMY

Session: \_\_\_\_\_

## APPLICANT INFORMATION

Name: First\* \_\_\_\_\_ Initial \_\_\_\_\_  
Last\* \_\_\_\_\_

Address: Street \_\_\_\_\_ Unit \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

Age \_\_\_\_\_  
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](http://www.beachvolleyballacademy.com)

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Returning Member: Yes  No

Member # \_\_\_\_\_

Waiver: Yes  No