

Athlete Registration Form

2020 Tony Cote Winter Games



VOLLEYBALL

Return to:
Sports and Recreation Department
Fax: 306-332-1811
Email: tara.griffith@fhqtc.com

Full Name: _____

Date of Birth: _____

Gender (please circle) Male / Female

First Nation: _____

Hospitalization #: _____

Treaty #: _____

School currently attending: _____

Parent/Guardian Phone #: _____

Parent/Guardian Email: _____

Shirt size: XS ___ S ___ M ___ L ___ XL ___ XXL ___ 3X ___ 4X ___

Short size: XS ___ S ___ M ___ L ___ XL ___ XXL ___ 3X ___ 4X ___

Please circle which Division: U14 / U16 / U18

Previous Experience in Volleyball:
