



# REGISTRATION FORM

## Participant's Name (Please print clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Circle  
**M F**

Address \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Approx. Height \_\_\_\_\_ Approx. Weight \_\_\_\_\_

Name of School \_\_\_\_\_

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## Parent / Guardian Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(If different from above)

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Tel # \_\_\_\_\_ Business # \_\_\_\_\_ Cell/Pgr. \_\_\_\_\_

E-Mail \_\_\_\_\_

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## Emergency Contact(s)

1/ Name \_\_\_\_\_ 2/ Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

If you are unable to pick your child up please provide the names of others who are permitted.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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## Program your child will be participating in:

<b>Camp</b>	Date _____	Type _____	Cost _____
<b>Camp</b>	Date _____	Type _____	Cost _____
<b>Camp</b>	Date _____	Type _____	Cost _____
<b>Camp</b>	Date _____		
<b>Camp</b>	Date _____		

Seasonal Team (Starts April \_\_\_\_\_ / 200\_\_)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## To Be Filled Out by Administration

Application Submission Date \_\_\_\_\_

PAID BY  Cash  Cheque#  Visa#  
Exp. \_\_\_\_\_/\_\_\_\_\_

Installment Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_