

WEST CARLETON GIRLS TOUCH FOOTBALL

Registration 2018

REGISTRATION FEE - \$175.00

Player's Last Name: _____

Player's First Name: _____

** Contact E-mail: _____

Player's Birth Date: D ____ M ____ Y _____

Player's Address _____

City _____ Postal Code _____

** Medical Conditions or Concerns: _____

Does the child know how to administer her own medication? Yes No (please circle)

I hereby certify that I am the parent/guardian of the above child who is under 18 years of age and I hereby consent to any emergency medical procedures that may be deemed necessary by a licensed medical practitioner as a result of his/her involvement in a sport activity. All medical information is kept confidential, and this information is available for authorized personnel only.

PARENT/GUARDIAN SIGNATURE: _____

Parent/Guardian Information

Father

Name (First and Last): _____

Address: (if different from player's)

Home Phone: (613) _____

Cell Phone: (613) _____

E-mail: _____

Mother

Name (First and Last): _____

Address: (if different from player's)

Home Phone: (613) _____

Cell Phone: (613) _____

E-mail: _____

Please initial if you give the club permission to take game pictures of your child to post on the website: _____

Registration: Amount Paid \$ _____ Cheque #: _____ Cash

If cheque is for more than one player - Name of other player(s): _____