

Athlete

First Name: _____ Last Name: _____

Street Address: _____

City: _____

Province: _____ Postal Code: _____

Home Phone: (_____) _____ - _____

Date of Birth: _____ / _____ / _____ (DD/MM/YY)

OHIP #: (optional) _____

Disability: (optional) _____

Gender: (circle) Male / Female

Sports registering for: (circle) Swimming (\$75) Boccia (\$50) Track & Field (\$50)
Sledge Hockey (\$250) Weight Training (\$50)

Allow use of athlete's photograph for website and local media use: (circle) Yes / No

Parent Contact

First Name: _____ Last Name: _____

Home Phone: (_____) _____ - _____ (if different than athlete's)

Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ (for emergency use)

Email: _____

Emergency Contact

First Name: _____ Last Name: _____

Relationship to Athlete: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Other Notes

Payment Cash / Cheque **Payable to: SD Lambton, 251 Oslo Cres, Sarnia, ON, N7S 4J3**

OFFICE USE: _____

CLASSIFICATION: _____ INSURANCE: _____