



# North East Avalon Regional Games Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

MCP#: \_\_\_\_\_  Age verified by town staff. (Office use)

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

List any medical conditions or allergies below:

\_\_\_\_\_

Indicate the sports your child would like to participate in (Please tick a maximum of 3 sports

and/or Cross Country):

- |                   |                                  |               |                                  |
|-------------------|----------------------------------|---------------|----------------------------------|
| Soccer            | <input type="checkbox"/> 11 - 13 | Basketball    | <input type="checkbox"/> 11 - 13 |
|                   | <input type="checkbox"/> 14 - 17 |               | <input type="checkbox"/> 14 - 17 |
| Ball Hockey       | <input type="checkbox"/> 11 - 13 | Softball      | <input type="checkbox"/> 11 - 13 |
|                   | <input type="checkbox"/> 14 - 17 |               | <input type="checkbox"/> 14 - 17 |
| Cross Country Run | <input type="checkbox"/> 11 - 12 | T- Shirt Size | _____                            |
|                   | <input type="checkbox"/> 13 - 14 | Adult Only**  |                                  |
|                   | <input type="checkbox"/> 15 - 17 |               |                                  |

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to participate in this year's Killick Coast Regional Games. I recognize that town staff may take photographs of my child participating in this event. I give my consent for such images to be used in promotional material for the Killick Coast Games.

Signature \_\_\_\_\_

Date: \_\_\_\_\_