**2024 REGISTRATION FORM**

**Athlete’s Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Cell #** |  |
| **Address** |  |
| **Birthday D/M/Y** |  |

**Parent / Guardian Information**

|  |  |
| --- | --- |
| **#1 Name** |  |
| **#1 Cell #** |  |
| **#2 Name** |  |
| **#2 Cell #** |  |
| **Athlete Medical Info** |  |

1. **What camp is this for? (List age group & sport etc.)**
2. **Payment type if needed? (Covered or not – cash, cheque etc.)**
3. **Parent/Guardian Signature\***

**By signing, everyone agrees with Code of Conduct form and Waiver Form as well.**