

MIRAMICHI WHITECAPS 2014-2015 REGISTRATION FORM

First Name : _____ Last Name : _____

Date of Birth : (Y/M/D) _____ Age as of December 31st: _____

Parents/Guardians: _____

Mailing Address : _____

E-mail Address: _____

Home Phone # : _____ Work Phone # : _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Doctor: _____ Phone #: _____

N.B. Medicare #: _____ Expiry Date: _____

Does the participant have any pre-existing medical conditions that the coaching staff should know about?

*****Fundraising for team expenses is encouraged by all swimmers and their families*****

PARENTS SIGNATURE: _____ DATE: _____

Payment received: \$ _____ Owing \$: _____ Receipt #: _____