



KILLICK COAST GAMES

REGISTRATION FORM

POUCH COVE – BAULINE – FLATROCK

PARTICIPANT INFORMATION

NAME: _____ AGE: _____

BIRTHDATE: _____
MONTH DAY YEAR

MCP #: _____ MALE FEMALE

STREET ADDRESS: _____ TSHIRT SIZE: SMALL
(ADULT SIZING) MEDIUM

TOWN: _____ LARGE

POSTAL CODE: _____ X LARGE

HOME PHONE: _____ XX LARGE

LIST ANY MEDICAL CONDITIONS: _____

PARENT CONTACT INFORMATION

CONTACT NAME: _____

CONTACT PHONE: _____

EMAIL ADDRESS: _____

SPORTS INFORMATION

PLEASE INDICATE THE SPORTS YOUR CHILD WOULD LIKE TO PARTICIPATE IN: (UP TO 3)

SOCCER BASKETBALL SOFTBALL BALL HOCKEY

WILL YOUR CHILD BE PARTICIPATING IN THE CROSS-COUNTRY RUN YES NO

CONSENT

I, _____, GIVE PERMISSION FOR MY CHILD _____ 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 TOWN AND/OR THE KILLICK COAST REGIONAL GAMES.

SIGNATURE

DATE