



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: _____