



SASKATCHEWAN  
ATHLETICS

# 2019 SPRING CAMP REGISTRATION FORM

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
(DD/MM/YYYY)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

GENDER: \_\_\_\_\_

HEALTH #: \_\_\_\_\_  
(9 digits)

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT #: \_\_\_\_\_

GRADE: \_\_\_\_\_

**MEDICAL CONCERNS** (allergies, special diet, medications, medical conditions, etc.):

**EVENT AREA PREFERENCE** (select two):  HURDLES  SPRINTS  JUMPS  DISTANCE  THROWS

### PAYMENT OPTIONS:

- 100 2019 Sask Excellence Members
- 135 Current members of Saskatchewan Athletics
- 205 Athletes born 04/05 who are not Sask Athletics members
- 220 Athletes born 01/02/03 who are not Sask Athletics members

**Method of Payment:**  Cheque  Money Order  Credit Card  Cash

**Visa/Mastercard:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Receipt:**  YES  NO

**Photo and Video Release:** In signing below, I agree that Saskatchewan Athletics may use photographs and video of me with or without my name for purposes such as publicity, illustration, advertising, and web content.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Please make cheques payable to Saskatchewan Athletics and send to:**  
Saskatchewan Athletics | 2020 College Drive | Saskatoon, SK | S7N 2W4  
Phone: (306) 664-6744 | Fax: (306) 664-6761 | Email: programs@saskathletics.ca

Office Use Only	
Payment Received:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type:	<input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> MO <input type="checkbox"/> CR
Cheque #:	_____
Date Received:	_____