

## Football Training Registration Form

**Registrant Name:**

First \_\_\_\_\_ Last \_\_\_\_\_

if you have participated in the program previously then skip to the payment options unless information has changed

**Date of Birth:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

**Address:**

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Telephone:**

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Sport(s):** \_\_\_\_\_

**Team** \_\_\_\_\_ **Position** \_\_\_\_\_

**Please list any medical conditions that may affect your training:**

This includes allergies, asthma, past or present injuries and/or surgeries.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent or Guardian / Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Address:**

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Telephone:**

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ ext. \_\_\_\_\_

Email \_\_\_\_\_

Payment:                      Cash                       Cheque  (made to Eastridge Consulting)

Please return registration form to Dino Geremia [dinogeremia@shaw.ca](mailto:dinogeremia@shaw.ca) or fax 604-298-4909