

# YOUTH REGISTRATION FORM

**PLEASE PRINT CAREFULLY**

(This form must be filled out completely)

Youth First Name

Youth Last Name

Male

Female

Youth Phone Number

Youth Email Address

Street Name

City

Postal Code

Health Card

Birth Date MM/DD/YY

Parent/Guardian First Name

Parent/Guardian Last Name

Parent/Guardian Phone Number

Parent/Guardian Email Address

## EMERGENCY INFORMATION

Emergency Contact

Emergency Phone Number

Family Dr. Name

Family Dr. Phone Number

Does your child have any threatening allergies or chronic illnesses? If yes, please explain.

Does your child have any physical, emotional, mental, behavioural concerns or any other limiting conditions that our staff should be aware of? If yes, please explain.

Are there specific instructions concerning medication, allergies, dietary requirements, etc. that should be followed by our staff?