



SPIRIT WARRIORS REGISTRATION FORM

2017

NAME: _____

YEAR STARTED PADDLING: _____ PADDLE SIDE: Right Left Right or Left
(please circle one)

ADDRESS: _____

_____ POSTAL CODE: _____

HOME PHONE #: _____ CELL #: _____

E-MAIL ADDRESS: _____

BIRTHDATE: _____ YEAR DIAGNOSED: _____

B.C. CARE CARD #: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

*(please note that the above medical information is kept confidential –
information for coach in case of emergency)*

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ HOME PHONE#: _____

WORK #: _____ CELL #: _____

SIGNATURE: _____ DATE: _____

(for office use only - paid _____ date: _____)
