



Torbay Killick Coast 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:

Indicate the sports your child would like to participate in (Please tick):

Soccer Age Group: _____ Basketball Age Group _____

Softball Age Group: _____ Ball Hockey: Age Group: _____

Will you be participating in the Cross Country run: Yes NO?

T-Shirt Size (Adult Sizes) _____

I, _____, give permission for _____ to participate in this year's Killick Coast Regional Games.

Signature _____

Date: _____