



Sports(s) registering for: _____

Athlete

First name: _____ Last name: _____

Street address: _____

City/Town: _____ Postal code: _____

Home phone: () _____ Cell phone: () _____

Email: _____ Gender: Male _____ Female _____

Date of birth: ____ / ____ / ____ (DD/MM/YY) COVID vaccine: yes ____ no ____

OHIP #: (optional) _____ (required for Hockey Insurance)

Disability: (optional) _____ (required for Hockey Insurance)

Medical alert ID (bracelet/necklace): Yes ____ No ____ Reason: _____

**Allow use of athlete's photo for website and/or media: Yes ____ No ____

Parent Contact (required if athlete is 18 years old and under. N/A if athlete is over 19 years old)

First name: _____ Last name: _____

Home phone: () _____ (if different from athlete's)

Work phone: () _____ Cell phone: () _____

Emergency Contact (2nd contact after the parent, if applicable above)

First name: _____ Last name: _____

Home phone: () _____ Relationship to athlete: _____

Work phone: () _____ Cell phone: () _____

Completed: Yes / No

Code of Conduct: Athlete _____ Parent/Guardian: _____ Support worker: _____

Equipment loan agreement: _____ **Review of Concussion Awareness:** _____

Payment: CASH amount \$ _____ **OR** E-transfer amount \$ _____ to: sdlambton@cogeco.ca

OR Cheque (# _____) amount \$ _____ payable to SD Lambton