

# REGISTRATION FORM



## HOW TO REGISTER:

- IN PERSON AT THE SPORTSPLEX: OFFICE HOURS: Monday – Sunday: 9:00am-9:00pm
- BY PHONE: 604-882-1611 EXT. 701
- BY MAIL/FAX: COMPLETE THIS FORM AND SUBMIT WITH FULL PAYMENT TO THE ADDRESS ON THE BOTTOM OF THIS FORM.

## FULL PAYMENT DUE AT TIME OF REGISTRATION

## PROGRAM INFORMATION

PROGRAM NAME:  SESSION DATES:

## PLAYER INFORMATION

Please insure the following information is completely and legibly filled out.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Birthdate:	<input type="text"/>	Home Phone:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>		
Mother's Name:	Cell Phone:	Work Phone:	<input type="text"/>
Father's Name:	Cell Phone:	Work Phone:	<input type="text"/>
<b>EMERGENCY INFO:</b>			
Child's Care Card #:	Family Doctor:	Phone:	<input type="text"/>
Emergency Contact:	Home Phone:	Cell Phone:	<input type="text"/>
Does this child have a medical condition or take any medication which may affect his/her ability to participate in a physical sport? [ ] YES [ ] NO If yes, please describe:			

Signature of Parent/Guardian:

Signature:  Printed Name:  Date:

CHEQUES SHOULD BE MADE PAYABLE TO: SPORTSPLEX MANAGEMENT LTD.

## FOR OFFICE USE ONLY:

PAYMENT METHOD: CASH CHEQUE VISA M/C AMEX DATE REC'D:

**SPORTSPLEX MANAGEMENT LTD.**  
100 – 20165 – 91A AVENUE, LANGLEY, BC V1M 3A2  
PH: 604-882-1611 FAX: 604-882-1609  
VISIT US ONLINE: [www.sportsplexbc.com](http://www.sportsplexbc.com)

SPORTSPLEX MANAGEMENT LTD.  
PROGRAM REGISTRATION FORM