Iqaluit Summer Sports
Registration Form

Please select the program(s):

☐ Minor T-Ball (5-7 yr olds) ☐ Minor Softball (8-13 yr olds) ☐ Multisport Program (5-13yr

Player Information

Name: _____

Date of Birth: D_____ M _____ Y _____ Age: ____ Male ___ Female ____

House # _____ Box # _____ Phone# _____

Confidential Medical Information

_____ _____ _____

Health Care Number Allergies Medications

_____

Notable Injuries or Medical Conditions

Guardian Contact Information

_____ _____ _____

Contact Person Day Evening

_____

Email

_____ _____ _____

Alternative Contact Day Evening

Waiver

I the undersigned would like my player to participate in the Summer Sports program. I understand that the City of Iqaluit, the Summer Sports program staff and the volunteers are not responsible for any mishap, illness or injury incurred by my player while participating in activities in conjunction with the City of Iqaluit.

_____ _____

Signature of Parent/Guardian Date