



# Registration Form

**PLEASE NOTE:**

**Registration is ONLY open to Students attending Schools Approved for this program.**

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Player Information: (One Player per form)**

Male  Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: (Month/Day/Year) \_\_\_\_\_ Current Age: \_\_\_\_\_

**Address Information:**

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**(To be used for your confirmation package/receipt and future communications)**

**Dismissal Instructions after class (after school only):** (please circle one &/or complete below)

Return to after-school care  Walks home  Picked up by: \_\_\_\_\_

Other: \_\_\_\_\_

**Program Fee:**

*Program Amount*

(HST# 88647 7819 RT001)

\$ \_\_\_\_\_

Add 13% HST: \$ \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_

**Method of Payment:**

VISA  MasterCard  Cheque  Money Order  Cash (Do not send cash by mail.)

Visa / MC #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Office Use Only:** Payment: \_\_\_\_\_ Registered: \_\_\_\_\_ Conf. Sent: \_\_\_\_\_