



NORTH BAY LEGION TRACK CLUB

ATHLETE INFORMATION



1 - CHILD'S NAME: DATE OF BIRTH:
HEALTH CARD #: (DD/MM/YYYY)

ALLERGIES AND HEALTH CONCERNS: COUNTRY OF BIRTH:

2 - CHILD'S NAME: DATE OF BIRTH:
HEALTH CARD #: (DD/MM/YYYY)

ALLERGIES AND HEALTH CONCERNS: COUNTRY OF BIRTH:

3 - CHILD'S NAME: DATE OF BIRTH:
HEALTH CARD #: (DD/MM/YYYY)

ALLERGIES AND HEALTH CONCERNS: COUNTRY OF BIRTH:

PARENT / GUARDIAN & EMERGENCY INFORMATION

PARENT'S NAME: PARENT'S NAME:

ADDRESS: ADDRESS:

CITY: CITY:

PROV: PROV:

POSTAL CODE: POSTAL CODE:

HOME PHONE: HOME PHONE:

MOBILE: MOBILE:

E-MAIL: E-MAIL:

PHYSICIAN: PHYSICIAN PHONE:

PHOTO RELEASE

I ALLOW THE NBLTC TO POST ON THEIR WEB SITE,
PHOTOS OF MY CHILD / CHILDREN TAKEN
DURING THE ACTIVITIES OF THE CLUB :

I DO NOT ALLOW THE NBLTC TO POST ON THEIR WEB
SITE, PHOTOS OF MY CHILD / CHILDREN TAKEN
DURING THE ACTIVITIES OF THE CLUB :