

# Victory Basketball Program Registration Form

## Student information:

**Name:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Male/Female:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

## Parent/Guardian Information:

**Name:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Work Number:** \_\_\_\_\_ **Emerg. Contact:** \_\_\_\_\_  
**Doc. Name:** \_\_\_\_\_ **Doc Number:** \_\_\_\_\_  
**Health Card #:** \_\_\_\_\_  
**Special Needs/ Allergies:** \_\_\_\_\_

I authorize Victory Neighbourhood Services (VNS) to publish photographs and videos taken of me during the Victory Basketball Program for use in VNS on-line, print and video-based marketing materials.

Yes

No