PA Athletics Registration Form 2017/18

Name of Athlete: _____

Address : _____

Phone (h) _____(cell) _____

Email _____

Sex M/F Date of Birth ____/____/____
mm/ dd/ yr

Group ___ RJT ___ RJT Plus ___ Regular program

Age Classification: (Circle One)

PeeWee	Bantam	Midget	Youth	Junior	Senior
07 or later	06/05	04/03	02/01	00/90	98or earlier

Sk Health Card # _____

Video/Photo Release

I hereby grant to PA Athletics the right to use photograph(s), video(s) or interview quote(s) of me for the purpose of promoting and/or advertising the benefits of sport, and/or sport programs. PA Athletics may attach a picture(s) of me to the website, all without payment of any fee or consideration to me.

CONSENT FOR MINOR – I am the parent or legal guardian of the minor named above. I approve and affirm this consent on his/her behalf.

Name_____ Signed _____

Date _____