



# CARIBBEAN HERITAGE SPORTS COMPETITION

## ADULT REGISTRATION FORM

ASSOCIATION: \_\_\_\_\_

ATHLETE NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please list any physical/psychological limitations, injury or weakness that may affect the athlete's performance:

---

NONE:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Authorization, Release and Waiver and Registration Instructions and Regulations Forms must be accompanied with Registration Form.