



CARIBBEAN HERITAGE SPORTS COMPETITION

YOUTH REGISTRATION FORM

ASSOCIATION: _____

ATHLETE NAME: _____

BIRTH DATE (MM/DD/YY: ____/____/____ AGE AS OF SEPT 9th, 2017: _____

HOME ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____

PARENTS/GUARDIAN NAME: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

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

NONE:

PARENTS/GUARDIAN SIGNATURE _____ DATE: _____

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