



**JUNIOR CLINIC 2019  
REGISTRATION FORM**

**NAME** .....

**AGE** .....**DATE OF BIRTH** ...../...../.....

**ADDRESS** .....

**TEL# (H):** ..... **(Cell):** .....

**EMAIL ADDRESS:** .....

**PARENTS NAME** .....

**OFFICE PHONE #** .....

**IN CASE OF EMERGENCY CONTACT:** .....

..... **PHONE#** .....

**EXISTING MEDICAL CONDITION(S)** .....

.....

**DOCTOR'S NAME** .....**PHONE** .....

**SIGNATURE OF PARENT/GUARDIAN** .....

**DATE** .....

- **Minimum age required is 7 years.**
- **Registration is members or member's children only**
- **Fee (Members/Non-Members - Friday & Monday - \$500.00 per person/term)**
- **Register in the Office (Nancy or Marissa @ 629-0066 x 34 or 28)**
- **Completed Application Forms must be accompanied by the applicable fee.**
- **Dress Code in effect**