



**Merivale Y.B.C.
2015 - 2016 Registration Form**

Family Name: _____

First Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Date of Birth: ____/____/____
(MM/DD/YY)

Email address: _____

Division

Bowlasaurus
(Not 6 as of Dec. 31st)

Bantam
(Not 11 as of Dec. 31st)

Junior
(Not 15 as of Dec. 31st)

Senior
(Not 20 as of Dec. 31st)

Circle one of the above

In case of emergency, please contact:

Name: _____

Phone: _____

Shirt Size: _____

Note: Allow some room for movement but the shirt should fit comfortably.

Health card# _____

Please list below any illness or information that we should be aware of concerning your child, i.e. diabetes, hyperactivity, allergies, physical challenges etc.

Parent / Guardian Signature: : _____

For Office use only

Payment Rec'd _____

Family Plan Y N

Registration No. _____

OHIP on file Y N