



# 2023 SPRING CAMP REGISTRATION FORM

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

BIRTHDATE: \_\_\_\_\_  
(DD/MM/YYYY)

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

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

GENDER: \_\_\_\_\_

HEALTH #: \_\_\_\_\_  
(9 digits)

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

EMERGENCY CONTACT #: \_\_\_\_\_

GRADE: \_\_\_\_\_

MEDICAL CONCERNS (allergies, special diet, medications, medical conditions, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

EVENT AREA PREFERENCE (select two):  HURDLES  SPRINTS  JUMPS  DISTANCE  THROWS

### PAYMENT OPTIONS:

- 120 2023 Sask Excellence Members
- 145 Current members of Saskatchewan Athletics
- 225 Athletes born 08/09 who are not Sask Athletics members
- 240 Athletes born 05/06/07 who are not Sask Athletics members

Method of Payment:  Cheque  Money Order  Credit Card  Cash  
 E-transfer Please send to [admin@saskathletics.ca](mailto:admin@saskathletics.ca)

Visa/Mastercard: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Receipt:  YES  NO CVV#: \_\_\_\_\_

**Photo and Video Release:** In signing below, I agree that Saskatchewan Athletics may use photographs and video of me with or without my name for purposes such as publicity, illustration, advertising, and web content.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please make cheques payable to **Saskatchewan Athletics** and send to:  
Saskatchewan Athletics | 2020 College Drive | Saskatoon, SK | S7N 2W4  
Phone: (306) 664-6744 | Fax: (306) 664-6761 | Email: [programs@saskathletics.ca](mailto:programs@saskathletics.ca)

Office Use Only	
Payment Received:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type:	<input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> MO <input type="checkbox"/> CR
Cheque #:	_____
Date Received:	_____

