ST. THOMAS LEGION
TRACK & FIELD CLUB

Summer Camp 2024 – Registration Form

Please check one: Camp #1: ____ Camp # 2: ____

Participant's Information:

Name: _____
First Last

Age: _____ DoB: _____
mm/dd/yy

Health Card #: _____

School: _____

T-shirt size: S M L XL (youth / adult)

Additional Information:

Parent's Names: _____

Address: _____
Street unit

_____
City/Prov Postal Code

Phone: _____

Cell : _____

Email: _____

Any Medical Concerns : _____

_____

Parent/Guardian Signature: _____

Permission to use photos on our website or other material: Yes ____ No ____