

Registration Form – Training Camp 2025

Please print clearly

Athlete's Name: _____ M / F Y.O.B: _____

Parent's Name: _____

Address: _____

Phone: _____

Cell #:(Athlete)_____ (Parent): _____

Email: (Athlete)_____ (Parent): _____

Club: _____ Training event(s): _____

Any Medical concerns (*All medications must be fully disclosed. Please contact organizers directly if necessary*):

* This is not a nut free camp. Athletes are to be aware that there may be snacks containing nuts on the bus as well as in common areas in the rental homes.

Medical Ins.# _____

T-shirt size: S M L XL

Valid Cdn. Passport (please check box) Country (if not Canadian): _____

Athlete's Signature: _____

Parent's Signature: _____



For administrative purposes - please do not remove this portion.

FEE: \$ 1050.00 (Cdn.)

Deposit: \$ 500.00 with registration form NON REFUNDABLE _____

Final Payment: \$ 550.00 dated Jan. 31/25 _____

Both cheques must accompany registration form. _____

Cheques payable to "St. Thomas Legion TFC"

Mail to: 112 Fairchild Cres., London, ON, N6E 3E8