



ST. THOMAS LEGION TRACK & FIELD CLUB

Summer Camp 2020 – Registration Form

Please check one: Camp #1: _____ Camp # 2: _____ Camp # 3: _____

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 _____