



# CARIBBEAN HERITAGE SPORTS COMPETITION

## YOUTH REGISTRATION FORM

ASSOCIATION: \_\_\_\_\_

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

BIRTH DATE (MM/DD/YY: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

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

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

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

PARENTS/GUARDIAN NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

Please list any physical/psychological limitations, injury or weakness that may affect the athlete's performance:

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NONE:

PARENTS/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Authorization, Release and Waiver and Registration Instructions and Regulations Forms must be accompanied with Registration Form.