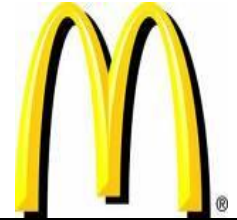




# Hope North Flag Football Registration June 3, 4 and 5, 2016



**Participant Information (Must be between the ages of 9 to 17 to participate): Please Fax : 204- 778-9250**

Name: \_\_\_\_\_

|                      |                          |              |
|----------------------|--------------------------|--------------|
| Date of Birth: _____ | Male : ____ Female: ____ | Phone: _____ |
|----------------------|--------------------------|--------------|

Current address: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Contact Information (Address): \_\_\_\_\_

|                   |                                  |                   |
|-------------------|----------------------------------|-------------------|
| Home Phone: _____ | Shirt Size (circle) S M L XL XXL | Cell Phone: _____ |
|-------------------|----------------------------------|-------------------|

|                       |              |
|-----------------------|--------------|
| Current school: _____ | Grade: _____ |
|-----------------------|--------------|

**Did you participate in past HOPE North Flag Football Camps? No\_\_\_ Yes\_\_\_**

**Current Physical Conditioning/Exercise:**  
**Regular** (3-5 times per week) \_\_\_\_\_ **Moderate** (2-3 times per week) \_\_\_\_\_ **Minimum:** (<2) \_\_\_\_\_

**Other Sports Played:**

|  |  |                      |
|--|--|----------------------|
| <b>Football Experience:</b> Yes _____ No _____   | If yes, what position?                               | Years of Experience: |
| What position are you interested in playing now? | Is there anyone you would like to be on a team with? |                      |

**Health Information**

|         |         |           |   |
|---------|---------|-----------|---|
| MHSC #: | PHIN #: | Treaty #: | Family Physician (include phone number) |
|---------|---------|-----------|---|

**Medical Conditions:** \_\_\_\_\_

**Physical Restrictions:** \_\_\_\_\_

**Allergies, including food:** \_\_\_\_\_

**Emergency Contact**

Name of person available by phone: \_\_\_\_\_

Address: \_\_\_\_\_

|                   |                   |                   |                           |
|-------------------|-------------------|-------------------|---------------------------|
| Home Phone: _____ | Work Phone: _____ | Cell Phone: _____ | Other Phone Number: _____ |
|-------------------|-------------------|-------------------|---------------------------|

Relationship to Player: \_\_\_\_\_

I authorize the North of 55 Football League to share information if there is a medical emergency and give consent to participate in all activities associated with the League.

I authorize HOPE North to take and possibly share pictures of this event in which I may be present No\_\_\_ Yes\_\_\_

|                           |       |
|---------------------------|-------|
| Signature of participant: | Date: |
|---------------------------|-------|

|                               |       |
|-------------------------------|-------|
| Signature of parent/guardian: | Date: |
|-------------------------------|-------|