



REGISTRATION FORM

Name of Child: _____

Age: _____ Date of Birth: _____ Sex: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone (Residential): _____ (Cell): _____

Emergency Contact: _____ Phone: _____

Medical Conditions/Medical Alert: _____

Medications: _____ Special Requirements: _____

DROP-IN PROGRAMS

WEDNESDAYS ~ June 4 to September 24 (17 classes available)

2 TIMES TO CHOOSE FROM 3:30-5:00 pm or 5:00-6:30 pm

class sizes is limited ~ register early

COST: 5 classes \$125 ~ 10 classes \$250 tax included

Please mail registration form and cheque to:

Kids On Track, 185 - 67th Street, Delta, BC V4L 1M2

As a potential participant with Kids on Track: Athletic Development, my child could possibly sustain injuries despite the safety precautions made by Kids on Track. Depending on the nature of the activity, injuries may be minor to fatal in nature. Due to the running jumping and throwing nature of the activities some injuries that may be sustained in activities such as these are as follows: stoppage of breathing, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken or fractured bones, heat stroke, heat cramp, heat exhaustion, stroke, convulsion, unconsciousness, abrasions to limbs such as arms, legs and head, fainting, sudden illness, cramps, allergic reactions and loss of wind. I understand that if my son or daughter has physical problems such as a heart condition, hypertension, orthopedic problems, or other medical problems, I should consult a physician concerning any limits to their activity.

Signature: _____

Date: _____