

Valley Athletics Academy
Registration form

Name of Participant: _____ D.O.B: _____

Address: _____

Parents/Guardians names:

Email: _____ Phone number: _____

Allergies or Previous Injuries:

Health Card # _____ Expiry: _____

Emergency Contact (other than parent/guardian):

Name: _____ Phone Number: _____

****Payment to be made on the first day of attendance****

Cheque amount: _____

Cash amount: _____

Months paid for (leave blank if you are a drop in): _____

Indicate which program you are registering for:

Fundamentals (Age 5-8)

Learn to Train (Age 9-12)

Train to Train (Age 13-16)