PA Athletics Registration Form 2015/16

Name of A	Athlete:			
Address :				
Phone (h)			(cell)	
Email				
Sex M/F	Date	e of Birth	/ dd/	
Group	RJT	R.	JT Plus	Regular program
Age Classi	fication: ((Circle One)	
PeeWee	Bantam	Midget	Youth	Junior Senior
		-		98/97 96or earlier
Sk Health	Card #			

Video/Photo Release

I hereby grant to PA Athletics the right to use photograph(s), video(s) or interview quote(s) of me for the purpose of promoting and/or advertising the benefits of sport, and/or sport programs. PA Athletics may attach a picture(s) of me to the website, all without payment of any fee or consideration to me.

CONSENT FOR MINOR - I am the parent or legal guardian of the minor named above. I approve and affirm this consent on his/her behalf.

Name Signe	ed
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Date	
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