



528 Mersea Rd. 7 R.R. #5 Leamington, Ontario N8H 3V8 (519)322-2463

Registration

Client: _____ Date of birth: _____

Age: _____ Height: _____ Weight: _____

Address: _____ City: _____

Postal Code: _____ Phone #: _____ Email Address: _____

Parents or Guardian (please circle): _____

Address: _____ City: _____

Postal Code: _____ Email Address: _____

Phone: home: _____ work: _____ other: _____

In case of emergency, contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Photo Release

I hereby consent to and authorize the use and reproduction by SpEqTRA of all photographs and/or other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____

(parent or guardian if under 18)