



3100 McCormick Rd. Harrow, ON N0R 1G0 519-322-8365

## Registration

Client: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address of Client: \_\_\_\_\_ 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)