

(Please print) Participant Surname, First Name:		(YYYY-MM-DD)	Date of Birth:	Age:
(Please print) Parent/Guardian Surname, First Name:	Relationship to Participant:		Phone #:	
			Primary:	
			Secondary:	
(Please print) Emergency Contact Surname, First Name:	Relationship to Participant:		Phone #:	
			Primary:	
			Secondary:	
se let us know if your child/youth has a disability or any special need				
behavioral, or developmental. Please provide tips 8 provided will help WinSport best cater to support your			o mitigate potentia	i situations. Any info
Please state any allergies, medical conditions, m aware of. If your child/youth requires medication, pl				
Child Pickup Information At the end of each lesson, children must be signed ou pickup your child. A password is a <i>minimum</i> 4-digit no or whoever will be picking up your child must provide PIN/Password:	umber or sho this same p	ort word to sign ou assword.		
Self-Sign Out (Optional for ages 12 and up) At the end of each lesson, children must be signed ou guardian, or <i>you</i> may choose to have your child to sig				t by a parent or
By submission of the form, I, the parent or guardian (themselves out of WinSport's Sport Program(s). I und longer be under the supervision or responsibility of W	lerstand that	once my child is s		
L YES				
WinSport recommends setting a safe, prearranged me		or participants usin		_
(Please print) Parent/Guardian Surname, First N	vame:		Program Da	ates:
Parent/Guardian Surname, First Name Signature	e		Date:	
(I have read the information contained on this page a the best of my knowledge)	nd answered	l all the questions t	.o	