



Cruisers Sports for the Physically Disabled
 9 - 6975 Meadowvale Town Centre Circle - Suite # 158
 Mississauga, Ontario L5N 2V7
 Website: www.cruisers-sports.com
 Email: questions@cruisers-sports.com

CRUISERS REGISTRATION 2009-2010

(Please fill this form out and bring on registration day or email to the Director of Registration at: registration@cruisers-sports.com – ALL FIELDS MANDATORY)

Player name:		
Date of Birth:		
Guardian name(s) if applicable:		
Address:		
City:		
Postal Code:		
Home Phone:		
Cell Phone(<i>preferred</i>):		
Contact Email:	Primary:	Secondary:
Emergency Contact Name:	Primary:	Secondary:
Emergency Contact Phone:	Primary:	Secondary:
Relationship to Athlete:		
PSO You Belong to:	<input type="checkbox"/> OWSA <input type="checkbox"/> OCPSA <input type="checkbox"/> Les Autres <input type="checkbox"/> Blind <input type="checkbox"/> Other, please specify _____	

Medical History & Diagnosis:
Allergies:
Current Medical Problems/Surgeries:
Current Medications:
Physician Name/Contact information:

Athlete Signature: _____

Guardian Signature (for those under 18): _____