



Beacham Summer Fun Day Registration

Contact Information:

Child's First Name: _____ Last Name: _____

Child's Age: _____ DOB (YYYY-MM-DD): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____

Additional Information:

Accompanying Parent(s) Name: _____

Child's Clothing Size: Youth Size _____ OR Adult Size _____

Sibling Name: _____ Sibling Age: _____

Sibling Clothing Size: Youth Size _____ OR Adult Size _____

Sibling Name: _____ Sibling Age: _____

Sibling Clothing Size: Youth Size _____ OR Adult Size _____

Medical Information:

Child's Diagnosis: _____

Allergies or Dietary Restrictions: _____

Assistive Devices Being Used at Event (Wheelchair, Walker, Canes...): _____

Other Information or Comments: _____

Signature of Parent/ Guardian

Print Name

Date (YYYY-MM-DD)

If you have any further questions,
please contact Kathy Ludwig at basketball@cruisers-sports.com.

