Youth Rugby Camp Registration

Participant Name	
Date of Birth	
Gender	
	•
Grade (at time of camp)	
Dans at Occasion to face at last	
Parent/Guardian Information Parent/Guardian Name	
Paleni/Guardian Name	
Phone Number	
Email Address	
Medical Information	
Allergies (if any)	
Medical Conditions / Medications	
Emergency Contact Name	
Emergency Contact Phone	
A .1.1141 1 1	
Additional Information Notes or Special Instructions	
Notes of Openial Histractions	