

# ABORIGINAL YOUTH BASEBALL CLINIC 2010 REGISTRATION FORM



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

What is your Aboriginal ancestry? Please circle below:

First Nations (status)                  First Nations (non-status)                  Métis                  Inuit

Name of First Nations Community: \_\_\_\_\_

Parent's Names: (F) \_\_\_\_\_ (M) \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work/Cell #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Parent's Email: \_\_\_\_\_

Athlete's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Health Card #: \_\_\_\_\_

How Did You Hear About the Aboriginal Youth Clinic? Web \_\_\_ Friend \_\_\_ Coach \_\_\_ Poster \_\_\_  
Other (please specify): \_\_\_\_\_

Please submit by email or fax to Jasmine Sutherland.  
Deadline to register is July 23, 2010.

Jasmine Sutherland,  
A.T.O Coordinator Assistant  
Phone #: (807) 623 8914 ext. 225  
Fax #: (807) 623 2918  
[jasmine.sutherland@hotmail.com](mailto:jasmine.sutherland@hotmail.com)

\*Please be advised that parents are encouraged to stay and support their children and the event.\*  
\*It is highly recommended that participants under 12 be accompanied by parent/guardian.\*