

UNB-SAINT JOHN SEAWOLVES FOOTBALL CLUB SUMMER CAMP 2016 REGISTRATION FORM

for minor and high school players



Player Name: _____ Date of Birth: _____

Address: _____ Age as of 31/12/2016: _____

Postal Code: _____

Email Address: _____ Phone: _____

Medicare #: _____

Camp Attending (Check): August 8 ____ (\$25) For ages 14 – 18 or
August 9-10 ____ (\$50) For ages 8 – 13

Method of Payment (Check One): Cheque ____ or Cash ____

How did you hear about the camp? _____

**To Register please complete this form and mail with payment via cheque to:
Seawolves Football - PO Box 6582, Saint John, N.B. E2K 4S5**

Do not mail cash. Cash payments will be accepted at the start of Camp

If in the event of a medical emergency, and I am not immediately available, I hereby give my consent for whatever medical procedures are deemed necessary by qualified medical staff. I understand that by the nature of the game of Football that injuries can occur. I agree not to hold the Seawolves Football Club, or any of its officers, or coaches responsible for said injuries.

Parent/Guardian Signature: _____