



Regional Training Centre – Ontario Selection, 2017/2018

ATHLETE REGISTRATION FORM:

First Name:
Last Name:
Current Age:
Date of Birth:
Home Address:
Phone Number:
Current Club:
Coach Reference (Name and Phone Number):
Allergies/Injuries:
Past National Level Experience:
Significant Competition Results:
Parent Name(s):
Parent Phone Number(s):
Emergency Contact Name:
Emergency Contact Phone Number:

Please complete this form, then scan and send to RTC-ON Manager Kristin McCoy at kristin.eb.mccoy@gmail.com

Please send registration fee of \$150 to payment@synchro.ca