

Titans Adult Drop-In (Oldies) Registration Form

*Must be filled out every year (September 1st to August 31st)

Personal Information

Last Name	First Name	Gender
Age	Birth date (dd/mm/yy)	
Street Address		City
Postal Code	Phone #	

Medical Information

Emergency Contact:	Phone #:
NS Health Card:	Exp. (dd/mm/yy):
Medical Conditions:	

WAIVERS

I hereby consent to (my athlete) participating in Titans Adult Drop-In Program, recognizing that potential injuries may occur.

I authorize a Titans staff member, to sign for Medical or Hospital attention in the case of injury.

I will abide by Gymnastics Nova Scotia, Titans Policies and Sport Nova Scotia Rules of Fair Play.

Guardian Signature Under 18: _____ Date: _____

Signature 18 and Over: _____ Date: _____

INFORMATION POLICY (choose one)

I consent to the collection, use and disclosure of personal information to Gymnastics Nova Scotia and Gymnastics Canada as indicated above.

Guardian Signature Under 18: _____ Date: _____

Signature 18 and Over: _____ Date: _____

I DO NOT consent to the collection, use and disclosure of personal information to Gymnastics Nova Scotia and Gymnastics Canada as indicated above.

Guardian Signature Under 18: _____ Date: _____

Signature 18 and Over: _____ Date: _____

Office Use Only:	
First Time Pd:	Second Time Pd: