

## WAY Men's Retreat 2013 Registration Form

### General Information:

**Note:** Please **print** all info, unless otherwise indicated.

**Name (Last/First):**

\_\_\_\_\_ / \_\_\_\_\_

**Age (D/M/Y):**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address (Street or Mailing/Town/Prov. or State/Postal Code):**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contact (Name/Relation):**

\_\_\_\_\_ / \_\_\_\_\_

**Phone # (Home/\*Cell):**

\_\_\_\_\_ / \_\_\_\_\_

**Email:**

\_\_\_\_\_

### Medical Information:

**Allergies or medical concerns:**

\_\_\_\_\_  
\_\_\_\_\_

**Ontario Residents under 18:** Health Card Number

\_\_\_\_\_

**American Residents under 18:** Medical Insurance information

\_\_\_\_\_

*\*I hereby give permission for my child to attend this event.*

**\*Signature** of Legal Guardian

**Signature** of Attendee

\_\_\_\_\_

\_\_\_\_\_

\* = Disregard if inapplicable.