

YOUTH TEAMS OF OUR LADY
CANADA 2007

Please complete this registration form below in order to register for the YTOL international meeting 2007. Payment is required through the website http://www.ytol.org/index_IM_2007.html in addition to this form.

Please send the completed form to YTOL Canada through using one of the following methods:

(A) Fax: 613-599-3486 or (B) Email: info@ytol.org (PDF only) (C) Mail: 61 Sherk Cres, Kanata, Ontario, K2K 2M7, Canada

NAME _____

ADDRESS _____

PHONE # () _____

WORK # () _____

OTHER # () _____ SPECIFY: _____

WILL YOU HAVE A CELULAR PHONE IN CANADA? YES NO

IF YES, NUMBER: _____

EMAIL _____

LANGUAGES YOU SPEAK, PLEASE LIST _____

PASSPORT # AND NATIONALITY (I.E. PORTUGUESE, SPANISH, ETC.):

PASSPORT # AND NATIONALITY OF SECOND PASSPORT (IF APPLICABLE):

VISA # (IF APPLICABLE) _____

BIRTH DATE (DAY/MONTH/YEAR) _____

AGE _____ GENDER: M F

IF UNDER 18 YEARS OF AGE

PARENT/LEGAL GUARDIAN _____

PHONE () _____

WORK () _____

WORK () _____

EMERGENCY CONTACTS:

1ST CONTACT

NAME: _____

RELATION: _____

WORK #: () _____

HOME #: () _____

2ND CONTACT

NAME: _____

RELATION: _____

WORK #: () _____

HOME #: () _____

MEDICAL INFORMATION:

HEALTH INSURANCE COMPANY _____

POLICY # _____

OTHER HEALTH PLAN INFORMATION _____

DO YOU HAVE ANY ALLERGIES?

TO FOOD? _____

TO MEDICATION? _____

OTHER _____

DO YOU CARRY AN EPIPEN INJECTOR? YES NO

DO YOU HAVE ASTHMA? YES NO

DO YOU HAVE DIABETES? YES NO

DO YOU HAVE EPILEPSY? YES NO

DO YOU TAKE ANY MEDICATION? YES NO

PLEASE LIST:

OTHER IMPORTANT MEDICAL INFORMATION: _____

DO YOU HAVE SPECIAL DIETARY NEEDS? YES NO

PLEASE LIST:

PLEASE LIST ANY OTHER RELEVANT INFORMATION THAT WE SHOULD BE
AWARE OF:
