

CANADIAN NATIONAL YOUTH DRAGON BOAT PROGRAM

Athlete Information Form

Last Name: _____
 First Name: _____
 Gender: Male Female
 Date of Birth: ____/____/____
 (YYYY / MM / DD)

Current Address
 Street: _____
 City: _____ Prov: _____
 Postal Code: _____

Home Number: _____
 Cell Number: _____
 E-mail: _____
 (please note that email is the **MAIN** form of communication)

Parent/Guardian's Information
 Name(s): _____

Emergency Information
 Contact's Name: _____
 Emergency Number: _____

Please state any health concerns that we should be aware of. (i.e. allergies, prescription medication, past or re-occurring injuries, etc.)

Note: This information will be held in the strictest of confidence

	Team	Year of Birth	Open	Women's	Mixed
	Junior Division	1998 - 1993			
	U23 Division	1988 - 1992			

I give permission for my/my child's photo to be used by Dragon Boat Canada and the Canadian National Team for promotional activities.

 Athlete's or Parents Signature (if under 18)

 Date

For Official Use Only:

Data entered

Athlete Video Receive: Date Received: _____

First Fitness Test Results Receive: Date Received: _____

Please note that this information will only be used by the National Team Coaching Staff, to create a Selection Pool of interested athletes for the 2011 Canadian National Junior and U23 Open/Women's Dragon Boat Teams.

Paddling Experience

Home Club: _____
 Years Paddled: _____
 Side Paddled: Right Left Both

Please provide your Dragon Boat Canada Membership PIN number: _____

Email(s): _____

Relationship: _____

