Sean's Complete Wellness

Program/Event: _____

APPLICANT INFORMATION

Name: First* _____ Initial _____
Last* _____

Address: Street _____ Unit _____
City _____
Province _____ Age _____
Postal Code _____ Date of Birth ___|___|____
dd mm yyyy

Phone Number* ( ) _____ - _____

E-Mail _____

Health Card#* _____

T-Shirt Size* X-Small ☐ Small ☐ Medium ☐ Large ☐ X-Large☐ XX-Large ☐
(if applicable to your program)

Permission to use your photo on our website or our 'Facebook' photo page? * Yes ☐
No ☐

Applicant Signature* _____

EMERGENCY CONTACT INFORMATION

Name: First* _____
Last* _____

Phone Number* ( ) _____ - _____

Parent/Guardian Signature* _____ Date* _____
(if applicant under 18 years old)

How did you hear about the Complete Wellness? _____

* Mandatory Information www.completewellness.ca Sean's Complete Wellness

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Returning Athlete: Yes ☐ No ☐ Member # _____ Waiver: Yes ☐ No ☐