

**JACKRABBIT REGISTRATION  
2019/2020**



**JACKRABBIT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Sask Health Number: \_\_\_\_\_

Health Issues (allergies, medications, conditions, etc):

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

**PARENT CONTACTS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**EMERGENCY ALTERNATE CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please note all participants must also have a PA Nordic Ski Club Membership. Thank you.