



Engage Sport North
Vigour Athlete Registration Form – RETURNING ATHLETE

Please check Vigour session that applies:

- Spring Session – April 3 – June 9, 2017**
 - Summer Session – July 4 – August 25, 2017**
 - Fall Session – Sept 11 – Nov 17, 2017**
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Please email completed application form to Engage Sport North, Manager of High Performance, Dave Adolph at dadolph@engagesportnorth.com

Full Legal Name of Athlete:

Preferred First Name:

Gender: M / F

Birthdate (MM/DD/YYYY):

Address:

City:

Postal Code:

Parent's Names:

Parent's Email(s):

Primary Sport:

Coach's Name (if a parent is the head coach, please use an Assistant Coach):

Number of Years as Coach of Athlete:

Coach Phone #:

Coach Email:

Secondary Sport: (if applicable):



The following forms from previous Vigour sessions have been reviewed with the Manager of High Performance of Engage Sport North and the Parent/Guardian to remain current and up-to-date:

1. Engage Sport North 2017 Program Consent Form w/ Medical & Pick Up Information Form:

Date of Form: _____

- a. Please check mark Box 1 (a) if no changes to form
- b. Please check mark Box 1 (b) if there are any changes to form & please state changes:

2. Informed Consent of Physiological Assessments Form:

Date of Form: _____

- a. Please check mark Box 2 (a) if no changes to form
- b. Please check mark Box 2 (b) if there are any changes to form & please state changes:

3. PAR-Q Form:

Date of Form: _____

- a. Please check mark Box 3 (a) if no changes to form
- b. Please check mark Box 3 (b) if there are changes to form & please state changes:

All three forms have been reviewed and/or updated by the ESN Manager of High Performance & Parent/Guardian:

Date: _____ Signature of Dave Adolph: _____

Signature of Parent/Guardian: _____

Clothing Size T-Shirts (please circle your size):

Male S M L XL

Female S M L XL

Applications received without the Athlete Application Form fully completed will not be accepted.

I agree the content of this application form is accurate and complete.

Signature of Athlete

Signature of Parent/Guardian

Date

Date