



**TSAWOUT HEALTH DEPARTMENT**

**2009 – 2010 BOYS GROUP**

**13 – 14 YEARS**

**Registration Form**

Group size is limited to ten (10) children. Selection will be based on the first children / parents to hand in completed registration forms.

If your child is 13 – 14 years old, please fill this out and return as soon as possible.

**Child Information**

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

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

D.O.B. \_\_\_\_\_

**Parent / Guardian Information**

Parent /Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_

Does your child have any health issues / allergies that we should be aware of?

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For more information, please contact Dave Neil at the Tsawout Health Department  
By Phone: 250-652-1149 ext 202  
By Email: dneil@tsawout.ca