



## Annual Registration Form

CLUB: \_\_\_\_\_

MEMBERS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE PRIOR TO 1/9/17: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_ GRADE FOR 2017: \_\_\_\_\_

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### INJURY/ILLNESS

Do you have any injuries:      Yes                         No  

If yes, please specify: \_\_\_\_\_

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Do you have any illnesses:      Yes                         No  

If yes, please specify: \_\_\_\_\_

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Does this injury or illness prevent you from doing any aspect of physical culture:

                                 Yes                         No  

If yes, please specify: \_\_\_\_\_

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I have read the WZ Physical Culture Rules and Regulations and agree to abide by them. I agree to abide by the Code of Conduct as set out in the Rules and Regulations.

SIGNATURE OF MEMBER: \_\_\_\_\_

SIGNATURE OF PARENT  
IF MEMBER UNDER 16 YRS: \_\_\_\_\_

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