



STUDENT-ATHLETE REGISTRATION FORM

STUDENT #					
Last Name					
First Name					
Sex	M	F	Date of Birth		
			M/D/Y		
LOCAL ADDRESS					
Street:					
City:			Province:		
Postal Code:			Country:		
Phone: ()					
PERMANENT ADDRESS					
Street:					
City:			Province:		
Postal Code:			Country:		
Phone: ()					
Hometown:					
University Academic Year _____					
Course			Year of Study (1-5)		
Sport			Position		