



Central East Sporting Coalition of Ontario

2010CESCO Membership Registration Form

Local Member Visiting Member

The following information will not be used for promotional and or marketing purposes. This form is to collect information for contact purposes and internal club use only.

Please complete the applicable fields with the most recent information in the form below:

Personal Information:

Name: _____ Gender: F M
Address: _____ Phone: () _____
Address: _____ Mobile: () _____
City: _____ Postal Code: _____
E-mail: _____
Age [as of Dec. 31, 2009]: _____ D.O.B: DD / MM / YY
Health Card #: _____ Version code: _____

Emergency Contact Information:

Emergency Contact: _____ Phone: () _____
Relationship to Contact: _____ Alt. Phone: () _____

Visiting Members Club Information:

Home Club Name: _____ City: _____
OCA IMBA Other: _____

Annual Membership Fees:

Adult (19+) : \$25.00 Youth : \$15.00
Family (2 adults + 2 youths) : \$65.00 Extra Children (each) : Call us

Member Signature: _____ Date: DD / MM / YY

Parent/Guardian : _____

For Office Use Only:

Adult Fees: _____ x \$25.00 = \$_____ Youth Fees: _____ x \$15.00 = \$_____

Visiting Members Fees: \$_____ Family Member Fee: _____ + \$65.00 = \$_____

Method of Payment:

Type of Payment: Cash Debit Credit

Collected By: _____ Date: DD / MM / YY

Signature: _____

Member History:

Medic Alert: Y N

Medic Alert #: _____

Allergies: _____

Conditions: _____

Accident Reports:

Date	Author	Reported to	On File (where)
DD / MM / YY			
DD / MM / YY			
DD / MM / YY			
DD / MM / YY			

Missing Persons Reports:

Date	Author	Reported to	On File (where)
DD / MM / YY			
DD / MM / YY			
DD / MM / YY			
DD / MM / YY			

Achievements: _____

