



**Special Olympics**  
Ontario

BURLOAK CANOE CLUB

SPECIAL OLYMPICS PARTNERS IN PLAY

REGISTRATION FORM



**SWIMMING REQUIREMENTS**

By signing this registration form, the participant indicates the ability to swim comfortably with a Personal Floatation Device (PFD).

Date: \_\_\_\_\_ Time: 6:30-7:30pm

Name of Participant: \_\_\_\_\_ Signature: \_\_\_\_\_

Will you be accompanied by a family member, carer, support staff or buddy?

Name of Companion: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARTICIPANT PROFILE**

Preferred name: \_\_\_\_\_ DOB (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

No. Street Town Province Postal Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

