

**CORONA COMPETITIVE  
REGISTRATION FORM**

**2023-2024**

**CORONA**  
COMPETITIVE

In pursuit of excellence



Program

<b>ATHLETE NAME</b> first name, last name	
<b>DATE OF BIRTH</b> (Y/M/D)	
<b>STREET ADDRESS</b>	
<b>CITY</b>	
<b>POSTAL CODE</b>	
<b>HOME PHONE#</b>	
<b>PRIMARY EMAIL ADDRESS</b>	
<b>SECONDARY EMAIL</b> (only if necessary)	
<b>Contact #1 NAME</b>	Relationship to child:
<b>Contact #1 CELL #</b>	
<b>Contact #2 NAME</b>	Relationship to child:
<b>Contact #2 CELL#</b>	

<b>ATHLETE PROFILE</b>
Health concerns including allergies, illness or ongoing medical issues:  
Other Activities your child participates in:  