

ATHLETE REGISTRATION FORM
Lunch Shift 3



Name _____
 School _____
 Teacher _____
 Disability _____
 Please indicate: Manual Wheelchair NA
 Power Wheelchair Walker

Age _____ Grade _____ Gender _____

T-Shirt Size Small Med Large
 X-Large XX-Large XXX-Large

Contact Info Release: Yes No

Photo: Yes No

<u>Event Location</u>	<u>1st Event Description</u>	<u>2nd Event Description</u>	<u>3rd Event Description</u>
	10:15	11:15	Lunch - 3rd Shift
Small Gym	Basketball	Basketball	12:15
Main Gyms	1 - Martial Arts	1 - Martial Arts	
	2 - Wheelchair Basketball -10 max	2 - Boccia	
Dance Studio	Dance - 14 max	Dance - 14 max	
Theatre	Yoga - 22 max	Yoga - 22 max	
Learning Commons	Salsa Dance - 16 max	Salsa Dance - 16 max	
Weight Room + Outdoors	Weight Training - 15 max	Weight Training - 15 max	
Diamond - back	Softball	Softball	
Gravel Field- back	Soccer	Soccer	
Tennis Courts - back	Floorball Hockey	Floorball Hockey	

Instructions: Each time slot must show student's 1st, 2nd and 3rd choice.
Note: There is no guarantee a student will receive all their top choices