



ST.VINCENT AND THE GRENADINES SQUASH ASSOCIATION
SATURDAY JUNIOR PROGRAM 2014- 2015
REGISTRATION FORM

National Squash Centre, Paul's Avenue, Kingstown, St. Vincent.

JUNIOR INFORMATION

Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____

Address: _____ Province: _____

Telephone #: _____ Email: _____

School: _____

SPIN: _____ SVGSA #: _____

Official use only:

Beginner Intermediate Advance

PARENT/GURDIAN INFORMATION

Name: _____

Telephone # (H): _____ Mother(C): _____ Father (C): _____

Mother Email: _____ Father Email: _____

Emergency Contact #: _____

MEDICAL CONDITION(S)/PROBLEM(S): (if any)

Parent /Guardian Signature: _____

IMPORTANT INFORMATION

- All Cheques made payable to SVG Squash Association.
- All information provided is the sole property of the SVG Squash Association.
- Junior Program: (Saturday 9:00am – 12:00pm \$10.00 per Saturday).
- Participants who take part in junior program do so entirely at their own risk and the St. Vincent and the Grenadines Squash Association and the National Squash Centre will not accept responsibility for any injury or disability arising from participation in the tournament. **Participants must wear eye protection while participating in junior program.**