

Play Racquetball Event Registration Form



Parent/Guardian Information

I give permission as the parent/guardian for my child to participate in the Play Racquetball program. I also give permission to Racquetball Canada to use this child's image in marketing materials.

Full Name: _____

Signature: _____

Email Address: _____ **Phone Number:** _____

Home Address: _____

City: _____ **Postal Code:** _____

Date: _____

Participant Information

First Name: _____

Last Name: _____

