



TRINIDAD & TOBAGO OLYMPIC COMMITTEE
OLYMPIC YOUTH CAMP 2009

PLEASE COMPLETE IN BLOCK LETTERS

Name: _____

Address: _____

Date of Birth: _____ MALE FEMALE

Telephone : _____ E-mail: _____

Height _____ Weight _____ Jersey Size _____

Sport _____ Discipline _____

Next of Kin _____ Contact # _____

Doctor's Name _____ Contact # _____

School _____ Form _____

Name of Coach _____ Contact # _____

Special Interests _____

Special medical conditions (allergies, etc) and food choices _____

Signature of Affiliate President Affiliate stamp Signature of Camper

Parental Consent

I hereby consent to the participation of my child (named above) in the 2009 TTOC Olympic Youth Camp, inclusive of all physical and other activities on the camp programme. I verify that the above information is true.

Signature of Parent / Guardian Name in block letters: _____
E-mail address: _____
Cell # _____ Home # _____
Office # _____