Purple Dragon Trial, Registration + Waiver Form

Please complete this registration and waiver form

Parent/Guardian Information

Parent/Guardian Full Name *

First Name | Middle Name | Last Name

Phone Number *

Please enter a valid phone number.

Email Address *

example@example.com

Preferred Contact Method

Student Information

Student Full Name *

First Name | Last Name

Date of Birth *

Month | Day | Year

Age *

Gender

Please Select

School

Emergency Contact

Emergency Contact Name *

First Name

Last Name

Relationship *

Emergency Contact Phone *

Please enter a valid phone number.

Health & Safety

Medical conditions, injuries, or allergies *

Enter "None" if not applicable.

Medication details

Marketing Questions

Program interest *

Reason for joining *

How did you hear about us? *

Referral name

Legal

Terms and Conditions of Participation & Liability Waiver acknowledgment *

☐ I have read, understand, and agree to the Purple Dragon Kingsville Membership Terms and Conditions.

Concussion acknowledgment *

☐ I acknowledge the concussion risks and return-to-activity guidance.

Media consent *

☐ I consent to the use of photos and videos for promotional purposes.

Signature

Signature * (Parent/Guardian if participant is a minor)

Type full legal name as signature

Date (MM/DD/YYYY)

Submit

Clicking Submit opens your email app with this completed form attached, addressed to anthony.phillips@purpledragonkingsville.ca. Please press Send to finish.