



I CAN Play Sports

Office Use only:
 Payment Enclosed
 Yes No

FAMILY INFORMATION

Home Address	City, Province	Postal Code
Email address	Home Telephone	
Preferred Method of Contact	Number of children registering	
phone <input type="checkbox"/> email: <input type="checkbox"/>		

FAMILY MEMBERS

Child Surname	First Name	Date of Birth (MM/DD/YY)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female

CAN PROGRAMS

I would like to register for the following CAN programs

I CAN Play Soccer

I would like to register at the following location

Soccer	Days	Time	Start Date	End Date
<input type="checkbox"/> North Vancouver *Ages 9-12	Monday-Friday	9:00-12:00	July 12th	July 16th
<input type="checkbox"/> North Vancouver *Ages 13-16	Monday-Friday	12:30-3:30	July 12th	July 16th

EMERGENCY MEDICAL INFORMATION

Please answer the following questions for all children registered, please include the family members name if you answered yes to a question.

Does anyone in your family have any allergies to food/drugs/environmental substances/chemicals? Yes No
(If yes, please explain)

Does anyone in your family have any serious medical conditions we should be aware of (eg seizures)?
Yes No
(If yes, please describe)

Does anyone in your family have any physical limitations we should be aware of (eg wheel chair access)?
Yes No
(If yes, please describe)

Please answer the following questions in regards to your child on the ASD spectrum.
Sensory Challenges eg. loud noises creates anxiety and triggers meltdowns

Visual

Auditory

Tactile

Smell

Other

Communication Skills: Learns best with <input type="checkbox"/> Pictures <input type="checkbox"/> Verbal <input type="checkbox"/> Pictures + Verbal <input type="checkbox"/> Signing <input type="checkbox"/> Other please specify	Communicates best with <input type="checkbox"/> Pictures <input type="checkbox"/> Verbal <input type="checkbox"/> Pictures + Verbal <input type="checkbox"/> Signing <input type="checkbox"/> Other please specify
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Please specify any additional information you may like to relay to volunteers and staff:

The cost for each child is \$10.00, if you want to join the family membership which is an annual cost \$25.00 please let someone at the CAN office know.
 Method of Payment Cash Cheque

I authorize The Canucks Autism Network Society (CAN) to use any pictures or video of my child while engaging in CAN programs for promotional, informational and educational purposes on websites, printed material, and media. Yes No

Signature _____ Date _____

Parent 1/Guardian Signature	
Print Name	Date
Parent 2/Guardian Signature	
Print Name	Date

Please fax to 604.685.4018– Attention Tasha King