



Row Nova Scotia
5516 Spring Garden Road, 4th Floor
Halifax, NS B3J 1G6

ATHLETE INFORMATION FORM

First Name: _____

Last Name: _____

Home Club: _____

Address: _____

Postal Code: _____

Province: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Additional Email 1: _____

If under the age of 18, fill in parents' contact information.

Parents Name 1: _____

Parents Email 1: _____

Parents Phone Number 1: _____

Parents Name 2: _____

Parents Email 2: _____

Parents Phone Number 2: _____

Medical Conditions/Concerns: _____

Additional Information relevant to Row NS Provincial Team: _____

Emergency Contact: _____

Emergency Contact Email: _____

Emergency Contact Phone Number: _____

Do you provide consent for Row Nova Scotia to use my use images and videos for use on website, digital communication, and social media purposes?

Yes No