

Full Name: _____

Birth date: ____ (yy) / ____ (m) / ____ (d)

Sex: Male Female

Health Card #: _____

Address: _____

City/Town: _____

Prov: _____ Postal Code: _____

Parent/Guardian: _____

Phone #: _____

Work #: _____

In case of emergency...

Person to contact if Parent/Guardian is unavailable:

Phone #: _____

Work #: _____

Health Questionnaire

Does your teen have any health concerns that we should be aware of (e.g. allergy)? Yes No

If yes, please explain:

Validity Team Contact:

Johnathan Beardy: 807-629-9285



The Validity Team

In partnership with:

SCA Eagle's Cove

eaglescoveinfo@scainternational.org

Registrations are also found at:

www.scainternational.org

Then *Eagle's Cove, Youth*

For more information, contact:

Bonita Ledua: 807-621-7591

Also in partnership with:



United Way
of Thunder Bay

YouthScape
community based. youth paced.

Validity Reball



*The capacity for
survival and a
meaningful existence*

In partnership with:



