

NAIG 2023 NWT Registration information

Swimming

Role. athlete /coach/chaperone/manager:

First and last name:

DOB:(d/m/y)

Gender: M/F _

Age category. u/14 /u16 /u19

Address: _____ street address/POBOX/Postal code/CITY/Territory

Email address:

Proof of ancestry: (e.g. Band card)

(number)

Nwt health card number:

Medical plan information (health card/provider/insurance/etc.):

Medical information:

Allergies:

Medical aids :/medical history

Emergency contact info: name:

Relationship:

Contact number/s: (c)

(w)

Clothing sizes

Swim suit :

training

racing

T- shirt

Pants/shorts

Jacket

Name of MLA

To my knowledge the above information is correct and may be accumulated for registration to the North American Indigenous games

Signed: Parent/Guardian

