

**JD & Intermediate  
2025 Spring Program  
Registration Form**



**Athlete :** \_\_\_\_\_ **Sex :** M F  
Last Name Given Names

**Date of Birth :** \_\_\_\_/\_\_\_\_/\_\_\_\_ **OHIP # :** \_\_\_\_\_  
Month Day Year

**Address :** \_\_\_\_\_ **Apt.# :** \_\_\_\_\_  
Number and Street

**City :** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email (parent) :** \_\_\_\_\_ **Cell # (par) :** \_\_\_\_\_

**School :** \_\_\_\_\_ **Grade :** \_\_\_\_\_

**Any medical concerns :** \_\_\_\_\_

**For more information call Sylvia or Harry Stantsos at (519)649-4329**

**Parent/Guardian :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Parents first names :** \_\_\_\_\_

**Spring Program Fees:     \$ 150 – new athletes**  
**\$ 100 – returning athletes**  
**(participated previously in STL programs)**

**Please make cheque payable to: St. Thomas Legion TFC**