



Client Information Form

Do you have any affiliation with the University? Yes No
 (ie: student number or employee number)

MASTER CONTACT		FIRST NAME	BIRTHDATE	SEX
			____/____/____ M / D / Y	<input type="checkbox"/> M <input type="checkbox"/> F
Home Telephone		Business Telephone	Emergency Contact #	
Street Address		City	Postal Code	

Please list any family members in the section below.

Last Name	FIRST NAME	BIRTHDATE	SEX
		____/____/____ M / D / Y	<input type="checkbox"/> M <input type="checkbox"/> F

Last Name	FIRST NAME	BIRTHDATE	SEX
		____/____/____ M / D / Y	<input type="checkbox"/> M <input type="checkbox"/> F

Last Name	FIRST NAME	BIRTHDATE	SEX
		____/____/____ M / D / Y	<input type="checkbox"/> M <input type="checkbox"/> F

Last Name	FIRST NAME	BIRTHDATE	SEX
		____/____/____ M / D / Y	<input type="checkbox"/> M <input type="checkbox"/> F

Last Name	FIRST NAME	BIRTHDATE	SEX
		____/____/____ M / D / Y	<input type="checkbox"/> M <input type="checkbox"/> F

Please return via email jrvikes@uvic.ca or fax (250)721-8956 to be receive your client barcode and PIN for online registration.