

Personal Information

Name: _____ Sex: MALE FEMALE
Last First Circle one

Birth Date: _____ Age: _____
Month Day Year As of today's date

Home Address: _____
Street City/Town Province Postal Code

Health Card Number & Province: _____

Home Phone Number: _____ Cell Phone Number: _____
Include Area Code Include Area Code

E-mail(s): _____

Other Phone Number (s): _____
Include Area Code

Emergency Contact / Parental Guardian Information

Last Name: _____ First Name: _____

Relation: _____

Home Phone Number: _____ Work/Cell Phone Number: _____
Include Area Code Include Area Code

Health History

| | | |
|---|------------|-----------|
| | <i>YES</i> | <i>NO</i> |
| <u>Anaphylactic Allergy (Epipen)</u> | _____ | _____ |
| <u>Allergies to medications (list names below)</u> | _____ | _____ |
| <u>Allergies to foods and/or environmental factors (identify below)</u> | _____ | _____ |
| <u>Injuries Treated by Physician</u> | _____ | _____ |
| <u>Dizzy Spells, Fainting, Convulsions and/or Headache</u> | _____ | _____ |
| <u>Concussion/Head Injury</u> | _____ | _____ |
| <u>Heat Exhaustion/Heat Stroke</u> | _____ | _____ |
| <u>Kidney or Bladder Problems</u> | _____ | _____ |
| <u>Cough/Asthma (Inhalers)</u> | _____ | _____ |
| <u>Persistent or Recurrent Pain</u> | _____ | _____ |
| <u>Problems with Blood Pressure, Heart or Murmurs</u> | _____ | _____ |
| <u>Bone or Joint Injury Causing Restriction of Sports</u> | _____ | _____ |

Additional Information/Describe and list dates and details on any conditions checked YES: _____

For Club Use Only

Mini Junior Senior Booster
 Fees: Date _____ Amount _____ Format _____ Fundraising Cheque Deposit: _____



