



PARTICIPANT INFORMATION FORM

Player's Name: _____ Date of Birth: _____
Home Address: _____ Phone: _____
Email: _____ Date Form Completed: _____

Persons To Be Contacted In Case Of Emergency

Mother: _____
Phone numbers: Day: _____ Evening: _____ Cel: _____
Father: _____
Phone numbers: Day: _____ Evening: _____ Cel: _____
Alternate Contact: _____ Relationship to Participant: _____
Phone numbers: Day: _____ Evening: _____ Cel: _____
Family Doctor: _____ Phone: _____
Personal Health Number: _____ CCMI Bagtag Number: _____

Relevant Medical History

Medications: _____ Allergies: _____
Previous Injuries: _____
Does the Participant carry and know how to administer his/her own medications? Yes ___ No ___ N/A ___
Has the Participant ever had a concussion? Yes ___ No ___ If so, how many? _____ Date of last concussion: _____
Other Conditions (braces, contact lenses, etc.) _____

Note: Medical information is confidential.

This card will be kept with the team at all times and will not be available to other than authorized individuals (Coaches, Manager, Trainers)

Parent's Signature _____

Date _____