|  |  |
| --- | --- |
|  | **Participant Information Form** |
| **Player’s Name:**  |  | Date of Birth: |  |
| Home Address: |  | Phone: |  |
| Email: |  | Date Form Completed: |  |
| Persons To Be Contacted In Case Of Emergency |
|  Parent/Guardian: |  |  |
|  Phone numbers: | Day: |  | Evening: |  | Cel: |  |
|  Parent/Guardian: |  |  |
|  Phone numbers: | Day: |  | Evening: |  | Cel: |  |
|  Alternate Contact: |  | Relationship to Participant: |  |
|  Phone numbers: | Day: |  | Evening: |  | Cel: |  |
|  Family Doctor: |  | Phone: |  |
|  CareCard 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/Guardians’s Signature** |  |  |  |
| **Date** |  |  |  |