



WHITE ROCK SOUTH SURREY
MINOR FOOTBALL
www.letsgotitans.com

MEDICAL INFORMATION

PLAYER INFORMATION:

CARE CARD # _____

NAME _____
Last Name, First Name

Date of Birth: _____
Month Day Year

ADDRESS _____
Street Address

_____ *Height (in/cm)* _____ *Weight (lbs/kg)*

_____ *City* _____ *Postal Code*

Home Phone: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Mother: _____
Name Cell Phone Work Phone

Father: _____
Name Cell Phone Work Phone

PERSON TO CONTACT IN CASE OF EMERGENCY:

(if both parents are unavailable)

Name: _____ Relation: _____ Phone: _____

PHYSICIAN'S NAME: _____ Phone: _____

DENTIST'S NAME: _____ Phone: _____

LIST ANY ALLERGIES: _____

LIST ANY MEDICATIONS: _____

LIST ANY PREVIOUS ILLNESS/INJURY: _____

** Any medical concern or injury problem should be checked by a physician before participating in a football program. I understand that it is my responsibility to keep the team management advised of any changes regarding the above information, and that in the event no one can be contacted, team management or designate will take my child to hospital/MD if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child.*

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____