

Name: _____ Birthdate: _____

Address: _____

_____ Phone: _____

Personal Health Number: _____

Parent/Guardian Name: _____

Address (If different from above): _____

Phone (home): _____ Phone (work): _____

Contact person
(if parent is unavailable): _____ Phone: _____

Family Physician: _____ Phone: _____

Record of Illnesses. State illnesses or conditions, past or present, that may affect or be affected by performance.

Asthma Diabetes Heart Disease Seizures

Other: _____

(Specify) Other problems, previous injuries or surgery

Headaches Blackouts Chest Pain

Fractures # of Concussions _____

Other: _____

Are corrective lenses required No Yes

Immunization: Year of last tetanus shot: _____

List allergies and/or medications taken regularly:

Date card completed: _____

Signature of parent or guardian