



WHITE ROCK SOUTH SURREY
MINOR FOOTBALL
www.letsgotitans.com

2018

MEDICAL INFORMATION

PLAYER INFORMATION: CARE CARD # _____

NAME _____ Date of Birth: _____
Last Name, First Name *Month Day Year*

ADDRESS _____
Street Address *Height (in/cm)* *Weight (lbs/kg)*

_____ Home Phone: _____
City *Postal Code*

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: _____