



PLAYER INFORMATION SHEET REP DIVISION (*Please Print*)

Name _____

Birth Date Day _____ Month _____ Year _____

Address _____

Postal Code _____ Home Telephone _____ Email _____

Mother's Name _____ Father's Name _____

Mother's Bus Telephone _____ Father's Bus Telephone _____

Mother's Cell Phone _____ Father's Cell Phone _____

PERSON TO CONTACT IN CASE OF EMERGENCY (If parents are not available)

Name _____ Relationship to Family _____

Address _____

Doctor's Name _____

Dentist's Name _____

MEDICAL CONCERNS: (i.e. allergies, daily medications, etc.)

I hereby authorize the physician and nursing staff of any Emergency Unit to undertake examination, investigation and necessary treatment of my child.

Date

Signature of Parent or Guardian