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| C:\Users\Frank\JSA-SLA\images\Logos\SryWarriors.png | | | | | | | | | | **Participant Information Form** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Player’s Name:** |  | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | |  | | | | |
| Home Address: |  | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | |  | | | | |
| Email: |  | | | | | | | | | | | | | | | | | | | | | Date Form Completed: | | | | | | | | | |  | | | | |
| Persons To Be Contacted In Case Of Emergency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother: | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Phone numbers: | | | Day: | |  | | | | | | | Evening: | | |  | | | | | | | | | | | | | | | Cel: | |  | | | | |
| Father: | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Phone numbers: | | | Day: | |  | | | | | | | Evening: | | |  | | | | | | | | | | | | | | | Cel: | |  | | | | |
| Alternate Contact: | |  | | | | | | | | | | | | | | | | | | | Relationship to Participant: | | | | | | | | | | | | |  | | |
| Phone numbers: | | | Day: | |  | | | | | | | Evening: | | |  | | | | | | | | | | | | | | | Cel: | |  | | | | |
| Family Doctor: | |  | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | |  | | | | |
| Personal Health Number: | | | |  | | | | | | | | | | | | CCMI Bagtag 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’s Signature** | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
| **Date** | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |