



North East BC Chill
Spring Hockey Team
Registration Form

Last Name _____ First Name _____

Address _____ City _____

Province _____ Postal Code _____

Parents/Guardians Names _____

Contact Number _____ (h) _____ (c) _____

Email Address _____

Players Date of Birth _____ (d/m/y) Care Card# _____

FOR EMERGENCY NOTIFY: Name _____

Contact Numbers _____

Family Doctors Name _____ Phone _____

Medical Concerns:

Please indicate all current medical conditions, including recent broken bones or injuries.

Allergies:

Please list all food and environmental allergies. Please indicate if these allergies are anaphylactic and if the player carries an epi-pen and where this epi-pen will be located.

Medications:

Please list all current medications. If the player is asthmatic please indicate if they have an inhaler that is needed to be with them at all times. Any inhalers or medication that a player may need in case of an emergency will be expected to be given to the safety coordinator during all games, with the players name and dose of medication clearly stated on the prescription bottle or inhaler.

Please note all of the player's information will be kept in a binder so that the safety coordinator, team manager and coaches can access this information if needed. All information is confidential and will be destroyed by the team manager at the end of the 2017 spring hockey season.