

U18 ZONE TRACKER TEAM REGISTRATION FORM

Box 6356 Fort St. John V1J 4H8

Player Information

First Name _____ Last Name _____

Date of Birth (MM/DD/YY) _____

Address _____ City or Town _____ Postal Code _____

Mother Name Cell and Email _____

Father Name Cell and Email _____

Home MHA _____ MHA you were registered with the previous season. _____

MANDATORY PLAYER INFORMATION – must be completed

Right Defence Left Defence Right Wing Left Wing Centre Shoots Right or Left Goaltender
(if you play more than one position please circle all that apply to you)

Height (ft – inches) _____ Weight (pounds) _____

MEDICAL INFORMATION – must be completed

Care Card Number _____ Family Dr _____
(mandatory)

History of Concussion, if so dates: _____

Medic alert Bracelet: Yes No Allergies: _____

List any medications currently prescribed: _____

Any Surgery in past year: Yes No Presently Injured: Yes No Explain: _____

Circle any of the following: Asthmatic Epileptic Diabetic Heart Condition Glasses Contacts
Dental Appliance Hearing Difficulties Learning Disability

Any further Medial Issues not noted above: _____

I understand it is my responsibility to keep HCSP advised of any changes in above information asap. In the event of a medial or dental emergency and no one can be contacted, anyone acting on behalf of FSJMA will arrange to take my child to hospital or physician if deemed necessary. I hereby authorize physician, nursing staff to undertake examination, investigation and necessary treatment of child as written above. I also authorize release of information to appropriate people if deemed necessary.

Parent or Guardian Signature: _____ Date: _____