



GREATER VICTORIA MINOR BALL HOCKEY ASSOCIATION

PLAYER EMERGENCY INFORMATION		
Player Name:		
Date of Birth (mm/dd/yy):	Care Card #:	
Player Address:		
Player Telephone #:		
Parent/Guardian Name (if under 18):		
Relationship to Player:		
Tel # (cell):	Tel # (home):	Tel# (work)
Emergency Contact (Name):	Tel #:	
Family Physician (Name):	Tel #:	
Family Dentist (Name):	Tel #:	
Player Medical Information		
Do you have allergies to any drugs, if so what?		
Do you have other allergies (i.e. bee stings, peanut, etc.)?		
Do you suffer from any serious illness (please check if yes)? 1. Asthma _____ 2. Diabetes _____ 3. Epilepsy _____ 4. Other _____		
Are you on any regular medication, if so what?		
Do you wear contact lenses?		
Other relevant information:		
Signature (parent/guardian if under 18):	Dated:	