Sherwood Park Northstars Football Club Player									
	Emer	gency l	nform	nation (	Card				
Player's Last Name / First Name:					Player's		1	***************************************	7
					Date of Birth:	Year		Month	Day
Player's Address:						8 10 10			
Player's Telephone:				Alberta He	ealth Care #:				***************************************
Person to Contact in case of Emergency:		Attach		Emergency	Contact Telephon	e:	<u> </u>	Se. 490 - 11	
Parent or Guardian's Name:		and the second seco		Relationshi	p to Player: (i.e. Fa	ther, Aunt)			
Parent or Guardian's Address:		77			, i	8 182	<del>( )</del>		
Parent or Guardian's Home Telephone:			<del>e y<sup>p</sup>le e je te</del>	Parent or G	uardian's Cell:				4 4
Family Doctor's Name:				Family Doc	tor's Telephone:				
Important: Answer ALL of the questions below by checking YES or NO									
HAVE YOU EVER HAD OR DO YOU NO	W HAVE:								
	Yes	No							
Asthma		Popriocerumenasteologypsychenoe							
Irregular Heartbeats	Control of the Contro	Angeliga and price of the based							
Heart Murmur	professional puri de catación de entido	AND RANGE SHAPE THE PROPERTY OF THE PROPERTY O							
Frequent or Severe Headaches	The security of the security of	PRESENTATION CONTRACTOR STATE							
Dizziness or Fainting Spells	##NGC-2009-FEMOVE-USA	alternative committee of the committee o							
Epilepsy	STOCKER OF THE PROPERTY OF	Enchanted-strategistics							
Diabetes	Mayor depression of the second	SOMEONE PARTY SOUTHWARD CONTROL OF							
"Stingers" or "Burners"	promitting control resources and control of	*CONTRACTOR CONTRACTOR ACTOR							
Concussion or Been "Knocked Out"	State (with the managed with a state of	Emigrational manager (Constitution)							
Loss of Memory	MICHARIC MOREOGRAPHICADO	Service and the control description							
Broken Bones	SUPPLIES AND STREET, S			vhich bones:					
Contact Lenses or Glasses	SYCOMPRESSIONS	енцикулятизация силиния			wear for sports:				
Eye Condition requiring tinted visor	emminoration and record				doctor's note				
Pins, Plates, Screws in body	MACHINESTANDONELL	present and the second	If Yes, w						
Taking any medications	NICHTANNESS PROPERTY	eromental unconstructed	If Yes, w						
Allergies to medications	##RETORICHMANAGENOVERSEEX	THE PARTY OF THE PARTY OF THE PARTY.		lease list:					
Any other allergies	WATER CONTRACTOR OF THE PROPERTY OF	anicorni volcere universadora	If Yes, p	lease list:					
Other relevant information:									
Date:									
Signature:				Print Nar	ne:				MX.000.0003074535000007407