

Sherwood Park Northstars Football Club Player Emergency Information Card

Player's Last Name / First Name:	Player's Date of Birth: Year / Month / Day
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Player's Address:

Player's Telephone:	Alberta Health Care #:
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Person to Contact in case of Emergency:	Emergency Contact Telephone:
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Parent or Guardian's Name:	Relationship to Player: (i.e. Father, Aunt)
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Parent or Guardian's Address:

Parent or Guardian's Home Telephone:	Parent or Guardian's Cell:
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Family Doctor's Name:	Family Doctor's Telephone:
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Important: Answer ALL of the questions below by checking YES or NO

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

	Yes	No	
Asthma	_____	_____	
Irregular Heartbeats	_____	_____	
Heart Murmur	_____	_____	
Frequent or Severe Headaches	_____	_____	
Dizziness or Fainting Spells	_____	_____	
Epilepsy	_____	_____	
Diabetes	_____	_____	
"Stingers" or "Burners"	_____	_____	
Concussion or Been "Knocked Out"	_____	_____	
Loss of Memory	_____	_____	
Broken Bones	_____	_____	If Yes, which bones:
Contact Lenses or Glasses	_____	_____	If Yes, which do you wear for sports:
Eye Condition requiring tinted visor	_____	_____	If Yes, please attach doctor's note
Pins, Plates, Screws in body	_____	_____	If Yes, where:
Taking any medications	_____	_____	If Yes, what for:
Allergies to medications	_____	_____	If Yes, please list:
Any other allergies	_____	_____	If Yes, please list:

Other relevant information:

Date:

Signature:	Print Name:
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