



PLAYER INFORMATION SHEET

Player's Name:	Date of Birth:	Team:
		Jersey No.:
Address:		
Contact Information in Case of an Emergency:		
MOTHER/NAME:	FATHER/NAME:	ALTERNATE/NAME:
Home:	Home:	Home:
Work:	Work:	Work:
Cell:	Cell:	Cell:
Email:	Email:	Email:
Medical Information/Relevant Medical History		Provincial Care Card:
Medical Doctor:	Telephone:	
Dentist:	Telephone:	
Medications:		
Does the player carry and know how to administer his/her own medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Allergies:		
Previous Injuries:		

Has the Player ever had a concussion? If yes, how many?

Date of last concussion:

Other Conditions (i.e. diabetic, contact lenses, epileptic, etc.):

Last Tetanus Shot:

Wears Medic Alert Bracelet or Necklace:

* Any medical condition or injury problem should be checked by your physician before participating in a lacrosse program.

Please Initial

I understand that it is my responsibility to keep the team management advised of any changes in contact and medical information as soon as possible and in the event the emergency contacts cannot be reached, team management will take my child to hospital/M.D., if deemed necessary.

Yes No

I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child.

Yes No

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Yes No

I give permission to provide my child's contact information to fellow teams members for use within the team only.

Yes No

I give permission to VELA to use my child's _____ (Child's name) image and name in VELA print and web based medias.

Yes No

Any additional further information you wish to share about your child:

Date: _____

Signature of Parent or Guardian: _____