

Kelowna BC Summer Games

July 24-27, 2008

Player Information			
First Name		Gender	Male Female
Middle Name		Birth date (d/m/y)	
Last Name			
Day Phone		Cell Phone	
Night Phone		Fax	
E-Mail		Sport Participation	U12 Girls / U12 Boys
Address		Mailing Address	
City		City	
Province		Province	
Country		Country	
Postal Code		Postal Code	
Mail address is the same as my home address [Yes No]			

Optional Information for Selected Team Members Only	
Current School	
Current Grade	
Is this person of Aboriginal ancestry - Including First Nations, Métis, Inuit, Other?	

Please fill medical information on next page.

Coaches please forward me the player's information once your team has been selected and keep a copy for yourself including medical information.

For tryouts please bring shin guards, water and dress according to the weather.

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Player's Medical Information	
Player's Full Name	
Emergency Contact	
Contact Phone	
BC Personal Health Care Number	
Allergies - Yes[] No[]	If Yes, please list them below
a) Food Allergies	
b) Medications	
c) Other	
Significant Medical Conditions Yes[] No[] (e.g. heart, lung, asthma, etc.)	
Prescription Medications None[]	
Do You Wear Contact Lenses?	Yes[] No[]
Do You Have a Disability? Yes[] No[] If Yes, please specify	

Consent for Medical Treatment

Please sign below as consent for treatment should the need arise.

For minors (under 19 years of age) please have a parent or guardian sign.

Athlete Name (print)	Athlete Signature
Parent / Guardian (print)	Parent Signature