



HOW DID YOU HEAR ABOUT BEL-AIR REGISTRATION? -- _____
(Player/Staff/EMC Paper/Dovercourt Newsletter/School/Community Center Poster/Other)

Player Contact and Medical Information Form

Players Name: (First) _____ (Last) _____

Phone: _____ D.O.B: _____

Players E-mail: _____

Player Level
Tyke
Mosquitos
PeeWee

Bantams

Midget

Parents/Guardian contact information.

Mothers Name: _____ Phone: _____

E-mail: _____

Fathers Name: _____ Phone: _____

E-mail: _____

Alternative Emergency Contact: _____ Phone: _____

Health Card Information and Medications:

(Optional) Health Card # (ON or QC) _____ Letters _____

Note: When injured at Practice or Game field, Health Card will be required at a Clinic or Hospital

Family Doctor: _____ Phone: _____

Medical Information :

Previous Injuries (example: broken bones/concussion etc):

Medication/Allergies (Is there any Medications currently being used)

Insulin Asthma Pump Epi Pen Other Medications (food/bee allergies etc): _____

Other Medical Information: (example contact lenses) _____

Additional Support
Donation \$ _____
Volunteer _____
See website for sponsor form & other Info
www.belairfootball.com