BRADFORD WEST GWILLIMBURY MINOR HOCKEY ASSOCIATION
123 Main Street, PO Box 383
Bradford, Ontario L3Z 2A9
905.778.0471 www.bradfordbulldogs.com

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **POSTAL CODE:** _____

MOTHERS NAME: _____ **FATHERS NAME:** _____

MOTHERS CELL #: _____ **FATHERS CELL #:** _____

Person to contact in case of accident or emergency, if parents are not available:

NAME: _____ **PHONE #:** _____

ADDRESS: _____

DOCTOR'S NAME: _____ **PHONE #:** _____

DENTIST NAME: _____ **PHONE #:** _____

Please circle the appropriate response below pertaining to your child.

YES	NO	Previous history of concussions	Surgery in the last year	YES	NO
YES	NO	Heart condition	Trouble breathing during exercise	YES	NO
YES	NO	Fainting episodes during exercise	Wears contact lenses	YES	NO
YES	NO	Wears a medic alert bracelet or necklace	Epileptic	YES	NO
YES	NO	Wears glasses	If yes are the lenses shatterproof	YES	NO
YES	NO	Trouble breathing during exercise	Heart Condition	YES	NO
YES	NO	Wears dental appliance	Diabetic	YES	NO
YES	NO	Hearing problems	Asthma	YES	NO
YES	NO	Has been in the hospital in the last year	Illness lasting longer than a week	YES	NO

Please give details below if you answered "yes" to any of the above items, please use a separate sheet if needed.

_____

_____

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____

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

I understand that this is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to the hospital/M.D. if deemed necessary.

I herby authorize the physician and nursing staff to undertake examination, investigate and necessary treatment of my child.

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

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____