



Elmira Junior Curling 2016-2017 Emergency Contact Form

Personal Information:

Curler's name: _____ Birth date: _____ Gender: _____

Address: _____ Apt: _____ City: _____

Postal Code: _____

Parent: _____ Phone: _____ Cell: _____

Emergency contact: _____ Phone: _____ Cell: _____

Emergency contact: _____ Phone: _____ Cell: _____

Health Information:

Doctor: _____ Phone: _____

OHIP Health Card number: _____

Allergies: _____

Medical conditions: _____

Surgeries/Previous injuries: _____

Medications: _____

Sports History:

Curling experience: _____

Other sports : _____

Parent/Guardian signature: _____