



# Elmira Junior Curling 2017-2018 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: \_\_\_\_\_