

POINT GREY ATHLETIC INFORMATION SHEET

Full Name: _____
Homeroom: _____
Student #: _____
Current Grade: _____
Height: _____
Birth date: _____
Phone #: _____
School that you
attended last year: _____
Grade that you
Were in last year: _____
Month/Year that you
Entered grade 8: _____

If you are in grade 10 and did not attend Point Grey for your grade 9 year, then you must see the Athletic Director immediately. Failure to do so may result in your not being able to play on a team this year.

Participant Information Card

Note: Medical Information is confidential. Keep this card with the team *at all times*. These cards should not be available to other than authorized individuals.

Name: _____ **Date of Birth:** _____
DD/MM/YY

Person to be contacted in case of emergency:

Alternative contact: _____

Phone numbers: Day: _____ **Evening:** _____

Family Doctor: _____ **Phone:** _____

Hospital Insurance Number: _____

Relevant Medications: _____

Medical Allergies: _____

History Previous Injuries: _____

Does the participant carry and know how to administer

his or her own medications? Yes No

Other conditions (braces, contact lenses, etc.):