



**MEDICAL INFORMATION SHEET**

Players Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Does the player have any known medical disabilities or allergies?**

YES / NO

If yes, please provide additional details:

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\_\_\_\_\_  
Parent(s)/Guardian(s) Signatures

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED AND GIVEN TO YOUR COACH**