



Barrie Jr Sharks Player Information Sheet



Please Complete in Full

Name	
Address	
City	
Province	
Postal Code	
Email	
Home Phone	
Cell. Phone	
Date of Birth (mm/dd/yyyy)	
Position	
OHIP #	
Extended Health Provider and Number	
Do You Have Any Allergies? If yes, to what?	
Will You Have Your Own Transportation during the season?	
What date will you be arriving?	
Will You Be Attending School? Y or N	Which one?

Family Information

Do you have any siblings? <small>If yes please include their age(s)</small>		
Parent/Guardian Information – Please Complete in Full and Print Neatly		
	Parent/Guardian 1	Parent/Guardian 2
Names		
Address		
City		
Province		
Postal Code		
Email		
Email #2		
Home Phone		
Cell. Phone		
Occupation		
Work Phone		

Emergency Contact

Name _____ Phone _____

Family Doctor _____ Phone _____

Do you have any allergies or medical conditions? _____

Have you had any serious injuries in the past 3 years? _____

Have you had any surgeries in the past 3 years? _____