



NORTH SHORE IN-LINE HOCKEY LEAGUE SOCIETY
123 East 23rd Street, North Vancouver, BC V7L 3E2
www.nsihl.com

MEDICAL INFORMATION FORM – 2012 SEASON

PLEASE USE CAPITAL LETTERS WHEN ENTERING YOUR INFORMATION

PLAYER INFORMATION

Legal First Name <input type="text"/>		Last Name <input type="text"/>	Date of Birth (DD / MM / YY) <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Care Card Number <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age on Dec 31, 2011 <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Street Address <input type="text"/>			City <input type="text"/>									

EMERGENCY CONTACT INFORMATION

Parent/Guardian's name _____

Home Phone (____) _____ Bus Ph (____) _____ Cell Ph (____) _____

Parent/Guardian's name _____

Home Phone (____) _____ Bus Ph (____) _____ Cell Ph (____) _____

In emergency when parent/guardian cannot be reached, please contact the following:

Name _____

Home Phone (____) _____ Bus Ph (____) _____ Cell Ph (____) _____

Name _____

Home Phone (____) _____ Bus Ph (____) _____ Cell Ph (____) _____

Physician _____ Phone (____) _____

MEDICAL CONDITION (If applicable)

Description or name of condition:

If a medical condition exists, what safety measures need to be taken to reduce your child's risk while participating? Important. Must be completed.