



VOLLEYBALL CLUB

**REGISTRATION & MEDICAL INFORMATION SHEET**

**ATHLETES AND PARENT/GUARDIAN INFORMATION**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone # Birth Date      /      /       
Month Date Year

Gender  Male  Female

MB Health (6 Digit) : \_\_\_\_\_  
PH ID# (9 digit) : \_\_\_\_\_

\_\_\_\_\_  
Mother's Name / Legal Guardian Name Cell PH: e-mail:

\_\_\_\_\_  
Address (IF DIFFERENT THEN ABOVE)

\_\_\_\_\_  
Father's Name / Legal Guardian Name Cell PH: e-mail:

\_\_\_\_\_  
Address (IF DIFFERENT THEN ABOVE)

Emergency Contact Person:  
\_\_\_\_\_  
Name PH#  
\_\_\_\_\_  
Relation to Athlete  
\_\_\_\_\_  
Address





Current

Medications:

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Allergies:

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Current

Medical conditions:

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Recent injuries:

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Any information not covered above: \_\_\_\_\_

I understand that it is my responsibility to keep the team Manger / Coach advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize a physician or nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

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