

Fenelon Falls and District Minor Hockey Association
P.O. Box 427, Fenelon Falls, ON K0M 1N0

2009-10 PLAYER REGISTRATION & MEDICAL FORM

Player's Name:		
Birthdate: Day _____ Month _____ Year _____	Gender: M _____ F _____	Goalie? Yes _____
Address: # and Street _____ Box# / RR# _____ Town _____ Postal Code _____		
Home Phone:	E-mail:	
Mother/Guardian:		
Father/Guardian:		
Address/phone # for parent if different than above		

I/We _____ am/are interested in: (please check all that apply)
 Coaching: _____ Assistant Coach: _____ Trainer: _____ Manager: _____ Parent Rep: _____
 Sponsorship _____ Fundraising _____ Other _____

Please circle the appropriate response below and explain further on separate paper if required:

Yes	No	Tetanus shot up to date?
Yes	No	Medications taken regularly
Yes	No	Allergies
Yes	No	Epileptic
Yes	No	Asthma
Yes	No	Diabetic
Yes	No	Previous history of concussions
Yes	No	Fainting episodes / trouble breathing during exercise
Yes	No	Heart condition
Yes	No	Wears a medic alert bracelet or necklace
Yes	No	Wears a dental appliance
Yes	No	Wears contacts or glasses, if yes a lenses shatterproof?
Yes	No	Has had injury or surgery in last year, explain if relevant
Health Card Number:		
Family doctor name & number:		
Dentist name & number:		

I understand that it is my responsibility to keep FFDMA advised of any changes to the player registration / medical form. In the event that I am not available, I understand that the team management will act accordingly, when necessary, on my child's behalf. I hereby authorize the appropriate medical professional (doctor, nurse, paramedics, etc.) to undertake the necessary investigation and treatment of my child.

Signature of Parent / Guardian

Date

For FFDMA use Single player family _____ Multi player family _____

Method of payment: Cash _____ Cheque _____ Payment Plan _____

Payment Received \$ _____