

# TIMMINS PORCUPINE MINOR Soccer INC.

P.O. Box / C.P. 296, Timmins, ON P4N 7E2

705.268.6160

#203-15 Cedar St. North

## PLAYER'S EMERGENCY INFORMATION CARD

PLAYER'S NAME	DATE OF BIRTH:     /     / Day/ month / year
PHONE #                      CELL #	HEALTH CARD NUMBER
PARENT / LEGAL GUARDIAN:-----	
ADDRESS:	
CITY:	POSTAL CODE:
NAME of Person to Contact in case of EMERGENCY :-----	
PHONE #: ( of emergency contact person)	Relationship to Player:
FAMILY DOCTOR:	PHONE #
Has your doctor given permission to your child to participate in this sport? YES / NO	If NO – Why Not??
EMAIL address please IMPORTANT	
<b>VERY IMPORTANT</b>	<b>MUST FILL OUT</b>
Any ALLERGIES to any Medication?? YES / NO	If YES – What:?
Any other ALLERGIES ?? (i.e.: Bee Stings, Food, etc.):	
DO YOU SUFFER FROM ANY... 1. Asthma _____ 3. Epilepsy _____	OTHER ILLNESS?? Please Check 2. Diabetes _____ 4. Others _____
Are you on any regular medication? If so, what:?	
Do you wear Contact Lenses?	Other relevant information:?
SIGNATURE of Legal Guardian or Parent:	Date Completed:

There is a potential risk for injury involved in training and participating in any sport. The Ontario Soccer Association has tried to create a safe and controlled environment for safe participation. The Club, Coaches and Referees have established rules in conjunction with FIFA for participation and proper conduct on or about the playing area that must be followed.