



Region 5 Player Profile

Eastern District Ontario SA
South East Ontario SA

Personal Data

Last Name:		First Name:	
Address:			
City:		Postal:	
Phone 1:		Phone 2:	
Place of birth (City, Country):		D.O.B. (DD/MM/YY):	
Citizenship:		Email:	
Health Card #:			
Emergency Contact:		Emergency Phone:	

Sport Related Data

District Association:		District Coach:	
Present Club:		Club Coach:	
Position:		Coach's Phone:	
Previous Clubs:	1.		
	2.		
Injuries to Date:	1.		
	2.		
	3.		

Medical Data

Family Doctor:		Doctor's Phone:	
Allergies:			
Medication currently being taken:			
I give permission for representatives of Sport Injury & Rehabilitation Centre (SIRC) to manage any health related issues that may arise while with the Regional, Provincial, or National Training Centre Programs.			
Player's Name:			
Parent/Guardian Name:			
Parent/Guardian Signature:			Date (DD/MM/YY):

