



TCA MEDICAL REGISTRATION FORM

PERSONAL INFORMATION Please print *clearly*

Last Name: _____ First Name: _____

Birthdate (dd/mm/ yy): _____ / _____ / _____

Mother's Name: _____ Father's Name: _____

Address _____ City: _____

Postal Code: _____ Home Phone #: _____

Player Cell Phone (if applicable) #: _____

Parent Cell Phone # (Mom) _____ (Dad) _____

Player Email Address (if applicable): _____

Parent Email Address: (Mom) _____

(Dad) _____

Doctor's Name: _____ Sask. Health Card # (optional): _____

EMERGENCY CONTACT

Name of Contact: _____

Contact Phone #: _____

Health History – Please list any health concerns that your coaches should be made aware of.

Medications: - Please list all medications that your child is using.

Allergies: Please list all food, drug, etc., allergies that your child has.

Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.

Yes	No	Previous history of concussions			
Yes	No	Fainting or seizure during or after physical activity			
Yes	No	Near fainting or Brownouts	Yes	No	Seizures and/or epilepsy
Yes	No	Wears glasses	Yes	No	Are lenses shatterproof
Yes	No	Wears contact lenses	Yes	No	Wears dental appliance
Yes	No	Hearing problem	Yes	No	Asthma
Yes	No	Trouble breathing during exercise	Yes	No	Heart Condition
Yes	No	Palpitations or Racing Heart	Yes	No	Family history of heart disease
Yes	No	Family history of unexpected death during physical activity			
Yes	No	Family history of unexplained death of a young person			
Yes	No	Diabetes – Type 1_____ Type 2_____	Yes	No	Surgery in the last year
Yes	No	Wears medical information bracelet/necklace For what purpose? _____			
Yes	No	Presently injured Injured body part: _____			

Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

I understand that it is my responsibility to keep the team Safety Person 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 the physician and 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 Player (13yrs+ Only): _____

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by TCA will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.