

**Halifax Chebucto Ringette Association
Health Form**

PLAYERS NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____

PARENTS WORK TELEPHONE: _____

PARENTS CELL TELEPHONE: _____

PLAYERS DATE OF BIRTH: _____ MSI# _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

FAMILY PHYSICIAN: _____ TELEPHONE: _____

DOES THE PLAYER HAVE ANY ALLERGIES (INCLUDED BOTH FOOD AND DRUG)
OR HEALTH CONDITIONS WE SHOULD KNOW ABOUT? **YES** ____ **NO** ____

IF YES, PLEASE EXPLAIN: _____

PARENTS/GUARDIAN SIGNATURE: _____

DATE: _____

PHOTO RELEASE

I GRANT HALIFAX CHEBUCTO RINGETTE ASSOCIATION PERMISSION TO TAKE
AND UTILIZE PHOTOGRAPHS OF MY CHILD FOR RINGETTE PURPOSES.

DATE: _____ SIGNATURE: _____