



# CENTRE WELLINGTON RIVERHAWKS

## Player & Medical Information Form

Player Name: \_\_\_\_\_ Parent(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information:** I hereby consent to the provision of the following health information for CWMLA records, to use in the event of injury, illness or emergency, only if required. Health Card Number: \_\_\_\_\_

Existing medical conditions/injuries/allergies: \_\_\_\_\_

Any medications the coach/ trainer should be aware of: \_\_\_\_\_

Any allergies the coach/ trainer should be aware of: \_\_\_\_\_

Any allergies team members/families should be aware of: \_\_\_\_\_

For example: allergy to peanuts, bee stings, epi pen required, severe asthma, puffers required.

**Emergency Contact(s) Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best form of contact in case of emergency: \_\_\_\_\_

**Please read and tick each box. I agree to:**

- I agree to abide by the Associations' Code of Conduct (Player) Participate for fun and enjoyment
- Respect and support my coach & team officials Demonstrate self discipline – control my emotions & temper
- Treat all participants with respect and dignity regardless of their ability, gender, sexuality or cultural background
- Never use aggressive behaviour or abusive language Accept referee decisions without questioning
- Accept responsibility for my actions Represent the Association with pride & good sportsmanship

**Declaration:**

- I agree to pay all team fees by the date/s specified.
- I agree (player and parents) to comply with the Associations Constitution, I agree to maintain the confidentiality of matters between me as a Club player and the Executive Committee at all times.
- I agree that where necessary the Association may provide my personal information to the Ontario Lacrosse Association or Canada Lacrosse Association
- I understand that the personal and medical information provided on this form will be used for Insurance and Participant/Club/Team Management purposes only and in the event of injury/illness.

**Consent:** I understand that Lacrosse will be played under the rules as set by the OLA By-Laws in accordance with CLA rules and guidelines. I authorise any official from CWMLA, in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

I have read, understood and agree to the above terms. I warrant that all information provided is true and correct.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_