

### BCA Athlete Information

Name: (as it appears on passport)		Health Card #:
Date of Birth: (month/day/year)		
Home Address:		
City:	Province: Ontario	Postal Code:
Home Phone #:		Athlete's Cell #:
Athlete's Email Address:		

### Parent/Guardian Information

Mother's Name:	Father's Name:
Address: (if different from athlete's address)	Address: (if different from athlete's address)
Mother's Home Phone #:	Father's Home Phone #:
Mother's Cell #:	Father's Cell #:
Mother's Work #:	Father's Work #:
Mother's Email:	Father's Email:
Alternate Contact Name:	Phone #:

### Medical Information – Please provide details for all which apply

Allergies:	EpiPen: Yes No
Asthma: Puffer: Yes No	Contact Lenses:
Diabetes: Insulin Injections: Yes No	Migraines:
Seizures/Epilepsy:	Fainting Spells:
Heart Trouble:	High Blood Pressure:
Previous Concussions:	Pre-existing injury being treated:
Recurring Sore Throat/Nose Bleeds:	Medical condition being treated:
Current Medications:	Self medicating: Yes No
Doctor:	Doctor's Phone #:

I hereby grant permission to licensed hospitals and/or health care staff members to administer immediate medical treatment as deemed necessary to me/my child should I/she/he be injured during a Bluewater Cheer Athletics Inc. event at which I am she/he is participating. Further, I understand that I am responsible for payment of expenses incurred relating to my own/ my daughter's/son's medical treatment.

Athlete Signature:

Parent/Guardian Signature:

