



FRASER VALLEY PHANTOM Female Midget Zone AAA Player Registration for 2009-2010 Season

Fields marked with an asterisk (*) are Mandatory

Player Information

First Name* _____ Last Name* _____
 Date of Birth*mm/dd/yy _____ Address* _____
 Phone Number* _____ City* _____
 Parent Signature* _____ Email _____

MINOR HOCKEY ASSOCIATION*

Preferred Position* _____ Secondary Position* _____
 Forward _____ Forward _____
 Defense _____ Defense _____
 Goalie _____ Goalie _____
 Height* (feet & inches) _____ Weight* (lbs.) _____
 Does BC Hockey have permission to circulate your contact information, upon request to selected leagues and teams?*

Yes	No
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Medical Information

BC Care Card Number* _____
 Family Doctor* _____
 Doctor Phone* _____
 Family Dentist _____
 Dentist Phone Number _____
 Medical Insurance Number* _____
 Group Health Certificate Number* _____

Hospitalized in the last year?*	Yes	No	Presently injured?*	Yes	No
Injuries requiring medical attention?*	Yes	No	Wears dental appliance?*	Yes	No
Ill longer than one week in the past year?*	Yes	No	Wears contact lenses?*	Yes	No
Allergies to medication, etc?*	Yes	No	Asthmatic?*	Yes	No
Trouble breathing during exercise?*	Yes	No	Diabetic?*	Yes	No
Fainting during exercise?*	Yes	No	Epileptic?*	Yes	No
Difficulty hearing?*	Yes	No	Heart Condition?*	Yes	No
Interfering health problems?*	Yes	No	Learning disability?*	Yes	No
Medic alert bracelet?*	Yes	No	Wears glasses?*	Yes	No
History of concussions?*	Yes	No	Taking medications?*	Yes	No
Surgery in the past year?*	Yes	No			

If you selected YES to any of the above medical conditions that may affect your ability to fully participate, please specify below.* (use additional paper if necessary)

Emergency Information*

Name* _____ Relationship to Player* _____
 City* _____
 Phone* _____