

AIRDRIE GIRLS SOFTBALL – PLAYER INFORMATION

PLEASE PRINT CLEARLY

Player's Name _____

Address _____

Birthdate _____ Age _____

Parent/Guardian Name _____

Emergency Contact Information

Name _____ Cell# _____

Name _____ Cell# _____

Name _____ Cell# _____

Health History

Allergies Yes No

If you circled yet please list allergies below:

Does your child have an epipen? Yes No

If you circled yes, where is the epipen/who has the epipen?

Asthma (Respiratory)	Yes	No	_____
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Blackouts/Fainting	Yes	No	_____
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Chest Pain	Yes	No	_____
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Diabetes	Yes	No	_____
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Epilepsy	Yes	No	_____
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Hearing Disorder	Yes	No	_____
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Heart Condition	Yes	No	_____
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Recurring Headaches	Yes	No	_____
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Seizures	Yes	No	_____
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Glasses	Yes	No	_____
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Contact Lenses	Yes	No	_____
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Injuries (please specify)	Yes	No	_____
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Medications (please specify)	Yes	No	_____
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Other Information

*This information will remain confidential. This form will be shredded following the completion