Oakville Jaguars Soccer Academy

Oakville, ON | www.oakvillejaguars.com

Player Emergency Information Form

Player Information

First Name	
Last Name	
Address	
City	
Postal Code	
Date of Birth	
Phone Number	

Emergency Contacts

Mother / Guardian

Name	
Phone Number	
Cell Number	

Father / Guardian

Name	
Phone Number	
Cell Number	

Alternate Contact

Name	
Relationship	
Phone Number	
Cell Number	

Medical Information

This information is provided voluntarily in accordance with the OJSA Privacy Policy.

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Player Emergency Information Form

Family Doctor

Phone Number

Is the player allergic to any medications? If yes, please list:

Does the player have other allergies (e.g., bee stings, food, environmental)? If yes, please list:

Does the player take any regular medications? If yes, please list:

Does the player suffer from any of the following? (check all that apply)

☐ Asthma ☐ Diabetes ☐ Epilepsy

☐ Other:

Does the player wear contact lenses or glasses?

☐ Yes ☐ No

Does the player have previous injuries or concussions? If yes, please describe (include dates):

Signature **Date**