

PIERREFONDS BASEBALL

PLAYER INFORMATION SHEET

Name:	_____	Phone:	_____
Date of birth:	_____	E-mail:	_____
Address:	_____		
Mother:	_____	Phone:	_____
		E-mail:	_____
Father:	_____	Phone:	_____
		E-mail:	_____
Person to contact in case of accident or emergency, if parents are not available:			
Name:	_____	Phone:	_____
Address:	_____		

HEALTH INFORMATION	<u>MEDICARE:</u>	_____
<u>Allergies</u>		
Food: _____		
Médication: _____		
Does your child have any health problem we should be informed of?		
If yes, please give details: _____		

Our team will have a team website.		
Do you agree to have your child's name and picture posted on this website?		
Yes, picture and first name.	<input type="checkbox"/>	Yes, first name only. <input type="checkbox"/>
No, I do not agree.	<input type="checkbox"/>	

If needed, would you be willing to provide transportation for another player?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent's name: _____ Signature: _____
Date: _____