



Eston & District Recreation Committee – Minor Sports Medical Form

Athlete / Participant Information

Full Name: _____

Date of Birth: _____

Gender: M / F

Emergency Contact Information

Full Name: _____

Relationship to Participant: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Phone #: _____ Email: _____

Health Insurance Information

Primary Care Physician: _____

Phone Number of Primary Care Physician: _____

Health Card # _____

Sport / Camp Participation

Sport / Camp Participating In: _____

Age Division: _____

Parent/Guardian Consent

I, _____, certify that the above information is accurate and complete to the best of my knowledge. I understand the risks associated with sports participation.

Signature: _____

Date: _____