

# Personal Information Form

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Full Legal Name (Coach / Athlete)

Gender

NDFC #

Address

City

Prov.

PC

Email

Date of Birth

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## EMERGENCY CONTACTS

Primary Emergency Contact

Relationship

Language Spoken

Cell Phone

Other Phone

Secondary Emergency Contact

Relationship

Language Spoken

Cell Phone

Other Phone

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## MEDICAL INFORMATION

LIST ALL MEDICAL CONDITIONS OR ANOMALITIES (I.E. Diabetes, Asthma, Heart Condition, Physical or Cognitive Disability, Wears Medic Alert, etc.)

LIST ALL ALLERGIES (Food, bites, medication)

PLEASE LIST ALL PRESCRIBED MEDICATIONS YOU ARE CURRENTLY TAKING