



Sub Zero Club Volleyball

'your chance to shine'

Personal Health Form

The information on this form will be used at the discretion of your child's coach to ensure care and attention is given to the health of the participant. All information on this form is considered PERSONAL AND CONFIDENTIAL. Please print clearly.

Athlete Name: _____ Date of Birth: _____ Age: _____

Address: _____ Yukon Health Care #: _____

Personal physician: _____ Phone #: _____

City: _____ Height: _____ Weight: _____

Parent / guardian name: _____ Phone #: _____ (H)

Phone #: _____ (W) Cell #: _____

Does the athlete wear glasses / contact lenses? (circle all that apply) Please ensure that the athlete has extra lenses, cleaning solution, etc.

Does the athlete have allergies to such things as medicine, foods, insect stings, etc. If yes, list and give the type of reaction and treatment given:

Is this reaction life threatening? _____

Is the athlete affected by any of the following:

_____ Arthritis _____ Ear trouble _____ Asthma _____ Convulsions

_____ Headaches / migraines _____ Motion sickness

Are there any chronic conditions or recent illnesses of which the coach should be aware of:

Please list any prescribed medications or over the counter products your child is required / allowed to use for the above-mentioned conditions / illnesses:

Any other comments:

Every care and attention will be given to the health of the athlete. Volleyball Yukon will purchase, on behalf of the athlete, travel insurance.

Should a medical emergency arise, I, _____, authorize the
(parent / guardian name)

coach to secure such medical advice or emergency surgery (as recommended / suggested by a Health Professional – eg. Doctor) or services as may be deemed necessary for the health and safety of the athlete. **PLEASE NOTE: EVERY EFFORT WILL BE MADE TO CONTACT A PARENT/GUARDIAN IN CASE OF EMERGENCY.**

(parent / guardian signature)

(Date)

If the parent / guardian can not be contacted, please provide an emergency contact:

Name: _____ Phone #: _____ Cell #: _____