



VANCOUVER
ULTIMATE LEAGUE



Misfit Participant Medical / Emergency Contact Information

Note: All medical information will be kept strictly confidential. This information will not be made available to anyone other than authorized individuals.

Participant Name: _____

Age: _____

Parent/Guardian: _____

Phone: _____ - _____ - _____

To be contacted first in case of emergency

Emergency Contact: _____

Phone: _____ - _____ - _____

To be contacted if parent/guardian cannot be reached

Family Doctor: _____

Phone: _____ - _____ - _____

Care Card number: _____

History of Previous Injuries:

Medical Allergies:

Relevant Medications:

Does the participant carry and know how to administer his or her own medications? Yes No

Other relevant conditions (i.e. braces, contact lenses, etc.):