



# Laurel Creek Track & Field Club

Health and Safety Form (2010)

## Athlete

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Coach: \_\_\_\_\_  
(Day/Month/Year)

OHIP #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any other medical conditions or concerns: \_\_\_\_\_

## Parents

Mother's Name: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Family Doctor

Family Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact

Emergency Contact Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_