



Calvin Christian Schools

Elementary: 245 Sifton Avenue, Winnipeg, Manitoba R2G 0T1 (204) 338-7981 Fax: (204) 339-3280

Collegiate: 706 Day Street, Winnipeg, Manitoba R2C 1B6 (204) 222-7910 Fax: (204) 222-8511

Sport Participant Information

Circle appropriate team: 7G / 7B / 8G / 8B / JVG / JVB / VG / VB

Name: _____ Birthdate: _____
Month / Day / Year

Person to be contacted in case of emergency: _____

Ph. # - Day: _____ Evening: _____

Alternative contact: _____

Ph. # - Day: _____ Evening: _____

Family Doctor: _____ Ph. #: _____

MHSC#: _____

Relevant medical history:

Medications: _____

Allergies: _____

Previous injuries: _____

Does the participant carry and know how to administer their own medications?

Yes _____ No _____

Other conditions (braces, contact lenses, etc.): _____

NOTE: Medical information is confidential. This information is to be kept with the team at all times and will not be made available to unauthorized individuals.
