

# PIERREFONDS BASEBALL

## PLAYER INFORMATION SHEET

Name: _____	Phone: _____
Date of birth: _____	E-mail: _____
Address: _____	
Mother: _____	Phone: _____ E-mail: _____
Father: _____	Phone: _____ E-mail: _____
Person to contact in case of accident or emergency, if parents are not available:	
Name: _____	Phone: _____
Address: _____	

<b>HEALTH INFORMATION</b>	<b>MEDICARE:</b> _____
<u>Allergies</u>	
Food: _____	
Médication: _____	
Does your child have any health problem we should be informed of?	
If yes, please give details: _____	

Our team will have a team website.	
Do you agree to have your child's name and picture posted on this website?	
Yes, picture and first name. <input type="checkbox"/>	Yes, first name only. <input type="checkbox"/>
No, I do not agree. <input type="checkbox"/>	

If needed, would you be willing to provide transportation for another player?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent's name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_