

Baseball Manitoba

Team: _____

Year: _____

PLAYER INFORMATION SHEET

(To be kept by Coach)

Player Name: _____ Phone: _____

Address: _____

City/Town: _____ Postal Code: _____

Date of birth: Day _____ Month _____ Year _____ Height: _____ Weight: _____

Bat: ___ Right ___ Left ___ Both Throw: ___ Right ___ Left

Team and Level played last year: _____

School attending: _____ Grade: _____

Parent(s) or Guardian(s) name: _____

Address (if different than above): _____

Parent(s) or Guardian(s) home phone (if different than above): _____

Parent(s) or Guardian(s) work phone and email:

Name: _____ Email: _____

Name: _____ Email: _____

Manitoba Medical Reg number (six digit): _____

Personal Health ID number: _____

Emergency contact (if different from above): Name: _____

Relationship: _____

Phone: _____

Family doctors name: _____ Phone: _____

Hospital: _____

Medical Info: Please list any allergies, medications or medical concerns:

Please provide Any other information that might be used in and emergency, or that coaches should be aware of (i.e. previously broken limb)

Parent/Guardian signature: _____

Please return this form to the team coach

Personal information received from this form will be used by the coach of the team for purposes that include, but are not limited to, providing emergency medical care and communicating information about the teams schedule, events and activities. This information is not to be shared with any other person or company.