



Blind River **BEAVERS**

Player Application

Page 1 of 3

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Prov. / State Postal / ZIP Code

Home Phone: _____ Alternate Phone (cell): _____

Email: _____

Facebook Address: _____ Twitter: _____

DOB _____ Age: _____ Height: _____ Weight: _____ Citizenship: _____
as of Dec 31 this year *MMM/DD/YYYY* *Canadian American*

Do you have a passport or other approved WHTI identification that is valid until after May of next year? Yes No
Have you been charged or convicted of an offense that would prevent entry into the United States? Yes No
Have you ever been detained, searched, charged or denied entry by the Canada Border Service Agency? Yes No

Primary Contact - Financial and Emergency Medical

Relationship to applicant _____ Primary Phone: _____

Name: _____
Last First

Address: _____
Street Address Apartment / Unit #

City Prov / State Postal/ Zip Code

Alternate Phone: _____ Email Address: _____

Hockey Information

Do you have a Player Representative / Family Advisor? If yes Name: _____ Phone: _____

Email: _____ Cell Phone: _____

Last Team: _____ League: _____ Level: _____

GM Name: _____

GM Phone #: _____ GM Cell Phone #: _____

Position: (C, Wing, D, G): _____ Shoots / Catches: _____ Left _____ Right _____

Stats: Player: _____
GP G A Pts + /- PIM

Goalie: _____
GP W L T SO GAA S%

**Medical Information**

All information collected on this form is for the strict use of our trainers and any medical establishment/personnel that are required to provide medical care to the player named above. This information will not be shared with anyone else and it will be destroyed at the end of the season.

Current Medications:

Current vaccinations & dates:

	YES	NO		YES	NO
1. Are you currently under the care of a physician?			Were metal pins, screws or other devices put into your bones to help heal?		
2. If "yes", where and for what reason? _____			16. Do you have or have had:		
_____			Asthma		
3. Have you been hospitalized in the previous			Diabetes		
a. 12 months?			Hepatitis		
4. If "yes", where and for what reason? _____			convulsions/seizures		
_____			infectious mononucleosis		
5. Do you have any allergies?			viral pneumonia		
If "yes", what are they? _____			chickenpox		
_____			mumps		
6. Do you have any food allergies?			measles		
If "yes", what are they? _____			other infectious disease		
_____			hemophilia		
7. Do you have any drug allergies?			high blood pressure		
If "yes", what are they? _____			kidney disease		
_____			heart trouble		
8. Have you ever had a concussion, been			epilepsy		
knocked out or fainted?			attention deficit/hyperactivity		
How many times: _____			rheumatic fever		
Were you under a doctor's care?			arthritis or other degenerative diseases		
Explain: _____			Any other? _____		

Last occurrence: _____ Were you hospitalized?					
9. Do you wear glasses?					
10. Do you wear contacts?					
11. Do you wear contacts while participating					
in sports?					
12. Do you wear any supports or braces					
while participating in sports?					
13. Do you smoke or use tobacco products?					
14. Do you experience back pain?					
If "yes", how often?					
Seldom occasionally after exercise after lifting					
15. Have you broken any bones?					
If "yes", where and when: _____					

Medical Insurance

Photocopy both sides of Ontario Health Card or supplemental insurance here.



Sizing

Equipment and Clothing Sizing: Please Check

Helmet Size: S M L XL

Pant Size: S M L XL G

Glove Size: 14 15

T-shirt Size: S M L XL XXL

Sweat Shirt Size: S M L XL XXL

Track Jacket Size: S M L XL XXL

Track Pant Size: S M L XL XXL

I hereby grant the Blind River Beavers Jr. "A" Hockey Club exclusive rights to images captured during all camps and/or hockey games. They have the right publish, distribute or otherwise use my image for the purposes of media releases, the advancement of the Club or Hockey in general.

If you have any other information that is pertinent to this application, please attach it to this document.

I hereby certify that all information above to be true:

Player signature: _____