



CORYDON COMMUNITY CENTRE



Corydon Comets Football

Name: _____

Address: _____ Postal Code _____

Tel: _____ DOB: _____ Height: _____

Weight: _____ Years played: _____ Positions Played _____

Mother's name: _____

Home phone: _____ Cell phone: _____

Email: _____

Father's name: _____

Home phone: _____ Cell phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Allergies: _____ Chronic problems: _____

Surgery/medical problems: _____

Concussions in past: yes no If yes, when? _____

Contact lenses: yes no Orthopedic Braces: _____

Comments/notes: _____

In case of illness/injury requiring medical care, a signed note from the physician is required prior to a player being allowed to participate in football practices or games.

Other Sports Played: _____

I, _____ consent/do not consent for the club to use photos/video of my child in promotion of the football program.

I, _____ consent/do not consent for the club to use my email address for the promotion/information of the football program.

www.cometsfootball.ca

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