

PERSONAL INFORMATION

LAST NAME		FIRST NAME		PREFERRED NAME	
GENDER	PREFERRED PRONOUNS	BIRTHDATE (YY/MM/DD)	PLACE OF BIRTH (City   Province   Country)		AGE
FULL MAILING ADDRESS			CITY	PROVINCE	POSTAL CODE
PHONE NUMBER	EMAIL ADDRESS			DRIVERS LICENSE NUMBER	
PARENT/GUARDIAN NAME		PARENT/GUARDIAN CONTACT NUMBER			
EMERGENCY CONTACT PERSON		EMERGENCY CONTACT PHONE NUMBER		CARE CARD #	

EDUCATION and INTERESTS

NAME OF CURRENT SCHOOL ATTENDING	CURRENT GRADE	CURRENT G.P.A
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Clubs or Organizations you are involved in:

Personal Hobbies and Interests:

MEDICAL HISTORY

List any/all Allergies (if applicable):

List all Medications you are currently taking. If none, indicate 'NONE':

List any current Illness(es) and/or Injury(ies) and Date of Onset/Occurrence:

NAME OF PRIMARY DOCTOR	DOCTOR'S PHONE NUMBER
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