



Ayr Centennials Hockey Club

Prospect Information Form

Name: _____

Parent/Guardian #2: Name

Date of Birth: Day ____ Month ____ Year _____

Telephone: (____) _____

Address: _____

Postal Code: _____

Alternate emergency contact
Name: _____

Telephone: (____) _____

Relationship to Player: _____

Parent/Guardian #1: Name

Telephone: (____) _____

Telephone: (____) _____

Please Circle the appropriate answer, and provide further information at the bottom of the page.

Yes	No	Current Medications	Yes	No	Asthma/ Lung Diseases	Yes	No	Admitted to hospital in the last year
Yes	No	Allergies	Yes	No	Heart Conditions/ Arrhythmias	Yes	No	Surgeries within the year
Yes	No	Previous Concussions	Yes	No	Heart Palpitations	Yes	No	Vaccinations up to date
Yes	No	Fainting	Yes	No	Diabetes- Type 1 Type 2	Yes	No	Currently being investigated for an unknown medical conditions
Yes	No	Seizures	Yes	No	Stomach Conditions/ Diseases	Yes	No	Anything the training staff should know
Yes	No	Glasses/ Contacts	Yes	No	Muscle Injuries/ Conditions			
Yes	No	Hearing Impairments	Yes	No	Bone Injuries/ Conditions			

Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

Please provide any further information you think it is important for the Training team to know on the back of the paper.