

## Physical Fitness Form – Inverhaugh Cricket Club

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*This form is to be held as a record by Inverhaugh Cricket Club to provided information in the event of accidents at practice or during matches*

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Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
OHIP Number : \_\_\_\_\_  
Insurance Coverage Held: \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION:

Does the applicant have any allergies?: Yes  No

Medicine  Insect Bites  Toxins  Food  Smoke   
Plants  Animals  Other

Details: \_\_\_\_\_

Does applicant require special care, medication or diet?

Details: \_\_\_\_\_

Has it ever been necessary to restrict applicant's activities for medical reasons?

Details: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Date of most recent physical examination: \_\_\_\_\_

Signed: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_