

SC Toronto Soccer Camp Personal Information Form

Please Print Clearly

Child's Name: _____
Home Address: _____
Date of Birth: _____ Telephone #: _____
Sex: male female (circle one)

Parent's Names: _____
Day/Work Telephone #: _____
Cell Telephone #: _____

MEDICAL INFORMATION

Health Card Number: _____
Doctor's Name: _____ Doctor's Telephone #: _____
Emergency Contact Person: _____ Telephone #: _____
List allergies/medical information and medications:

PICK-UP AND DROP-OFF INFORMATION

Drop off time: _____ Pick up Time: _____
Accompanied by: _____

I hereby authorize

a) _____ to pick-up/drop-off _____
(adult's name) (child's name)

OR

b) _____ will be arriving and/or leaving alone (circle one or both).
(child's name)

(Signature of parent or guardian)

CHILD'S SWIMMING ABILITY

Non-Swimmer: _____ Floater: _____ Deep-ENDER: _____
Swimming level completed: _____