

Jr. Sioux Wheelers
Player Information Sheet

Player Information:

Players Name: _____

Parent or Guardian: _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Cell phone number _____

Home telephone number _____

Shirt Size (circle one) S M L XL XXL

Medical Information:

Physical Disability _____

Allergies: Yes ___ No ___ If Yes Describe _____

Medications _____

Family Physician _____ Phone _____

IN CASE OF EMERGENCY WHO DO WE CONTACT?

Name _____

Address _____

Phone _____

Any other pertinent health information please note
