

ITHACA LEAGUE OF JUNIOR ROLLERS
HEALTH REGISTRATION

Legal Name: _____ Birth Date: _____

Address: _____ Home Phone #: _____

Parent / Guardian #1: _____ Main Phone #: _____

Parent / Guardian #2: _____ Main Phone #: _____

Emergency Contact Name: _____ Main Phone #: _____

Primary Care Physician: _____ Office Phone #: _____

Please attach a copy of the league member's primary insurance card (front and back).

Does the league member have:	No	Yes
Anaphylactic allergy		
Asthma		
List triggers:		
Circle one: Mild / Moderate / Severe		
Diabetes		
Epilepsy or seizures		
Heart problems		
Migraines or severe headaches		
Previous sports injuries		
Vision problems		
How corrected?		
Circle one: Glasses / Contacts		
Other health issues		

If the answer to any of the above is YES, please explain: _____

If the answer to any of the above is YES, has the league member ever visited the emergency room or hospital for this condition? Please explain: _____

Does the league member take medication of any kind? _____
 Please list and explain: _____

How can ILJR coaches best help the league member to learn? Please provide any additional health or personal information that will help us coach your child: _____

Please continue answers on the reverse side as needed.

ILWR/ILJR reserve the right to cancel a skater's registration if participation may pose a safety risk.