2017 North American Indigenous Games
Team Saskatchewan
ID Camp –Athlete Registration Form

Player Information (Please supply all information requested)

MALE: ☐ FEMALE: ☐

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY/TOWN: _____

POSTAL CODE: _____ HOME PHONE #: _____

CELL PHONE #: _____ EMAIL: _____

D.O.B (M/D/Y): ___ ___ / ___ ___ / ___ ___ ___ ___

TREATY #: __/ __/ __/ __/ __/ __/ __/ __/ __/ __ FIRST NATION: _____

METIS #: _____ METIS LOCAL: _____

EMERGENCY CONTACT: _____ RELATION: _____

PHONE #: _____ ALTERNATE PHONE #: _____

CHECK ONE: ☐ AUTHORIZE PHOTO CONSCENT ☐ DO NOT AUTHORIZE PHOTO CONSCENT

Sport Information

☐ ARCHERY	☐ ATHLETICS	☐ BASEBALL	☐ BADMINTON
☐ BASKETBALL	☐ BOX LACROSSE	☐ CANOE/ KAYAK	☐ GOLF
☐ RIFLE SHOOTING	☐ SOCCER	☐ SOFTBALL	☐ SWIMMING
☐ VOLLEYBALL	☐ WRESTING		

DIVISION: _____

POSITION/EVENTS: _____

Medical Information

HOSPILIZATION #: _____

Check the boxes that apply to you:

□ Asthma/ Bronchitis	□ Blood Transfusion	□ Bowel Problems	□ Chest Pain	□ Deafness/ Hearing Problem	□ Dental Problems
□ Diabetes	□ Eye Problems	□ Fainting Spells	□ Glasses/ Contacts	□ Head Injury	□ Heart Problems
□ Hepatitis	□ Kidney Problems	□ Menstrual Problems	□ Neck/Brain Disorder	□ Nose Bleeds	□ Psychiatric Disorders
□ Seizures	□ Thyroid Disorder	□ Ulcers	Urinary Infections		

Check if the following has occurred within one year:

□ Head Injury/ Concussion □ Infectious Disease □ Surgery □ Overuse Injury

Special Diet: YES □ NO □ Specify: _____

Allergies: YES □ NO □ Specify: _____

Medications: YES □ NO □ Specify: _____

Fractures: YES □ NO □ Specify: _____

Any other health concerns/problems: _____

_____

_____

ATHLETE SIGNATURE:

_____

PARENT/GUARDIAN SIGNATURE:

_____

DATE: _____

STAFF USE ONLY

PAYMENT RECEIVED: □ YES □ NO

TYPE: □ CASH □ CHQ □ MO

RECEIPT: □ YES □ NO

North American Indigenous Games
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Indian Governments of Saskatchewan
Federation of Saskatchewan Indian Nations

Métis Nation Saskatchewan

SASK SPORT INC
A Federation of Provincial Sport Governing Bodies