



## 2026 Foothills Fury Athlete Medical Form

Full Name:

Date of Birth: Day

Month

Year

Address:

Postal Code:

Alberta Personal Health Card Number:

Mother's Name:

Mother's Telephone:

Father's Name:

Father's Telephone:

Person to contact in case of accident or emergency, if parents are not available

Name:

Telephone:

Doctor's Name:

Telephone:

Last Tetanus Shot:

Dentist's Name:

Telephone:

Please circle the appropriate response below pertaining to the athlete:

Yes  No - Previous history of concussions

Yes  No - Fainting episodes during exercise

Yes  No - Epileptic

Yes  No - Wears glasses

If Yes, are the lenses shatterproof?  Yes  No

Yes  No - Wears contact lenses

Yes  No - Wears dental appliance

Yes  No - Hearing Issues

Yes  No - Asthma

Yes  No - Trouble breathing during exercise



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- Yes  No Has had an illness lasting more than a week in the past year
- Yes  No - Medication
- Yes  No - Allergies
- Yes  No - Surgery in the last year
- Yes  No - Has been in the hospital or hospitalized in the last year
- Yes  No - Presently Injured
- Yes  No - Heart Condition
- Yes  No - Diabetic

Please give details below if you answered “YES” to any of the above items.

Medications:

Allergies:

Medical Conditions:

Recent Injuries:

Any information not covered above:

Date of last complete physical examination:

Any medical condition or injury problem should be checked by your physician before participating in a softball program.