



# Capital Region Archery Club

## 2008 Junior Medical Information

First & Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age on Jan 01, 2008 \_\_\_\_\_  
Date Month Year

Parent Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact Person #1 \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_ Phone: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List medical problems/allergies we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

### Office Use Only

Canbow Paid

**Equipment:**

Compound

Recurve

Traditional

**Membership Type:** Family  Junior

ATAA  ABA

**CRAC 2008 Membership #** \_\_\_\_\_

Paid By: Cash  Cheque #: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_