

Mount Mystics 2022-2023

Player Profile

STUDENT ATHLETE INFORMATION PLEASE PRINT CLEARLY:

SPORT:			YEAR:	
Last Name:	First Name:			Uniform #:
MSVU Student ID#:	Age:	Date of Birth:		Height:
Local Address:			Province	
Postal Code:	Country:	Phone: (H):		_ (C):
Home Town:		High School _		
Athlete E-Mail:				
Province Medical Number (MANDATORY):			Expiry: _	
Current allergies & medical condition	ons:			
Concussion history:				
Awards, Accomplishments, Highligh	ts for the previous 3 Ye	ars:		

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s):				
Address:		Province:	Postal Code:	
Home Phone:	Work Phone:	Cell:		
Email(s):				
Alternate Emergency Contact:	Relationship to Athlete:			
Home Phone:	Work Phone:		_ Cell:	