

PLAYER INFORMATION SHEET 2024-2025

FULL NAME _____ AGE _____

BIRTHDAY (Month in words/DD/YYYY) _____

HOME ADDRESS (STREET NAME AND NUMBER, CITY, PROVINCE/STATE, POSTAL CODE)

CELL NUMBER _____

EMAIL ADDRESS _____

DO YOU REQUIRE A BILLET HOME WHILE PLAYING IN BROCKVILLE YES NO

IF NO WHERE WILL YOU BE LIVING _____

IF LIVING IN A BILLET HOME, DO YOU HAVE ISSUES WITH PETS YES NO

WILL YOU HAVE A VEHICLE WHILE IN BROCKVILLE YES NO

WILL YOU BE ATTENDING SCHOOL WHILE IN BROCKVILLE YES NO

IF YES WHERE _____ IF YES ONLINE OR IN CLASS

WILL YOU HAVE EMPLOYMENT WHILE IN BROCKVILLE YES NO

IF YES WHERE _____

DO YOU HAVE ANY ALLERGIES YES NO

PLEASE SPECIFY _____

ANY HEALTH CONCERNS/MEDICAL CONDITIONS WE SHOULD KNOW ABOUT

Please answer these below questions honestly as it may impact placement
IN YOUR BILLET HOME:

ARE YOU COMFORTABLE DOING YOUR OWN LAUNDRY YES NO

ARE YOU COMFORTABLE WITH DOING OCCASSIONAL COOKING FOR YOURSELF YES NO

PARENT/GUARDIAN INFORMATION

*****THIS INFORMATION IS MANDATORY**

PARENT/GUARDIAN NAME(S) _____

PARENT/GUARDIAN PHONE NUMBER(S) _____

PARENT GUARDIAN EMAIL(S) _____
