

**Edmonton Ringette Club
Medical Information Form and Waiver**

Full Name: _____ Birth Date _____
Address: _____ Postal Code _____
City _____ Cell # _____
Home # _____

Alberta Health Ins# _____ Other Insurance _____

Parent/Guardian #1 _____ Phone # _____

Parent/Guardian #2 _____ Phone # _____

Doctor _____ Phone # _____

Contact Lenses _____

Allergies _____

Medical Conditions _____

Prescription Medications _____

Previous Injuries/Dates _____

Any Operations _____

I certify that all information above is complete and correct

I consent to my daughter participating in the activities organized by the Edmonton Ringette Club. I recognize that the activities involve risks. I will not hold the organization or any of its representatives responsible for any loss or injury, even if they are at fault. It is my responsibility to ensure that my daughter has adequate insurance coverage against any loss or injury that may occur. In the event of injury I authorize the coach or their designate to obtain medical assistance which is necessary and I agree to pay all expenses of such treatment.

Signature

Date

Parent or Guardian if under 18

Date