

MILLET HORNETS MINOR BASEBALL

PO Box 60, Millet, AB T0C 1Z0

Team (circle one):

Rally Cap

U9 Rookie

U11 Mosquito

U13 PeeWee

U15 Bantam

EMERGENCY MEDICAL INFORMATION

Player's Name: _____ Date of Birth: _____ Gender (M/F): _____
Parent/Guardian Name: _____ Relationship: _____
Parent/Guardian Name: _____ Relationship: _____
Address: _____ Town: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____ AB Healthcare Card #: _____

Parent/Guardian Authorization

In case of emergency, if family physician cannot be reached; I authorize my child to be treated by certified medical personnel (ie EMT, EMR, ER Physician)

Family Doctor: _____ Phone: _____
Address: _____ Town: _____
Hospital Preference: _____

If Parents/Guardians cannot be reached, in case of emergency contact:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Please list any allergies/medical issues; including those requiring medications (diabetic, asthma, seizure)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the information listed above is to ensure that medical personnel have details of any medical problem which may interfere with treatments.

I Authorize the coach or person in charge, to secure such medical advice and services as may be deemed necessary for the health and safety of myself or my children. I accept financial responsibility for costs in excess of benefits allowed by Alberta Health Care.

I Agree that Millet Minor Ball and it's officers and volunteer coaches will not be held liable for any or all claims of injuries sustained during the ball season, on or off the field. All members will abide by the rules of Millet Minor Ball Association.

Parent/Guardian Signature: _____ Date: _____