



MEDICAL INFORMATION AND RELEASE FORM

Player's Name _____ D.O.B _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION:

Family Physician's Name _____

Phone _____ Address _____

Allergies and/or Medical Conditions (list):

Medications (list):

Date of Last Tetanus booster

Person Responsible for Charges (if different then from above)

Provincial Health Care # _____

Insurance Company _____

policy # _____ ID # _____

I/we hereby grant consent to any / all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes but is not limited to First Aid and transportation to/from health care providers.

Parent _____ Date _____

Parent _____ Date _____

NOTE: This release is to be carried by coach / manager to all practices and games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.

NOTE: This form must be completed and uploaded to your ramp Registration, a separate form is required for each participating player. Upon entering your name, dating, and uploading to Ramp, this will be considered your acknowledgment and agreement to Provost Minor Ball Associations policy. All players must have completed registration packages in order to take to the diamond for insurance purposes.

Thank you, PMBA