

**PENTICTON MINOR FOOTBALL ASSOCIATION
PLAYER MEDICAL FORM**

Full name of registrant: _____

Date of birth: _____

Mailing address: _____

Postal Code: _____

Healthcare no. _____

Parent/guardian telephone contact:

Phone: (H): _____ (Cell) _____

(W): _____

Contact no. of relative/friend: _____

In case of an emergency, it is important that the coach or first aid attendant in charge has the necessary information about any medical condition which could effect the treatment of your child. All information will be kept in strict confidence. It is in the best interest of your child that full and accurate information be provided.

Allergies to medication: _____

Medical condition for which a doctor need be aware (i.e., asthma, etc) _____

Family practitioner: _____

Phone: _____

I understand the risk involved and give permission for my child to participate in the playing of the sport of football. I hereby consent to allow any coach, first aid person or affiliate associated with Penticton Minor Football Association (PMFA) to administer the appropriate treatment necessary to my child in case of injury or illness. On behalf of myself, my heirs, administrators, and assigns forever release and hold harmless PMFA and any of its members or volunteers from loss and or all liability arising from any act or omission on their part resulting from injury, fatality, illness or damage of property occurring as a consequence of the said participant. I have read and understand the consent in which I now sign.

Parent/Guardian Name (print): _____

Signature: _____

Date: _____

Box 21076
Penticton, BC V2A 5H0

(250) 494-2229 or (250)487-0354