

MEDICAL RELEASE FORM

I, _____ (parent/guardian) hereby give permission for any and all medical attention to be administered to my child, _____ (name of child), in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Coach: Larry Palarchio

Assistant Coach: Derek Hogeterp

Team Manager: Garrett Marlow

My street address: _____

City: _____

Province: _____

Postal Code: _____

Home Ph. #: _____

Cell Ph #: _____

Emergency Contact Name: _____

Emergency Contact Ph #: _____

Insurance Company: _____

Policy #: _____

Physician: _____

Physician's Ph. #: _____

Known Allergies: _____

Other Information: _____

Signature of Parent/Guardian: _____

Date: _____