



Parental Consent Form and Medical Information

To be signed at the time of registration and to be kept in the team's first aid kit at all times.

Player Information

Surname: _____ Given name: _____

Date of birth: _____

Address: _____ City: _____

Athlete Medical Information

Physician's name: _____

Ontario health card number: _____

Does the player have any allergies? _____ Yes _____ No

If yes, please list below:

Food: _____ Medicine: _____

Other: _____

Other medical concerns: _____ Yes _____ No

If yes, describe: _____

Please list all medication (prescription and non-prescription) that the youth will be taking or bringing along to practices or tournaments:

Other medical information:

Medical Emergency Permission

I hereby certify that I am the parent/guardian of _____,
who is under the age of 18 years of age. I hereby consent to any emergency medical
procedures, which may be deemed necessary by a licensed medical practitioner as a result of
her involvement in Belleville Ravens Volleyball Club activity. This includestravel and out-of-town
events. I understand I will be notified by the quickest means possible in the event of an
emergency.

Parent signature: _____

Parent/Guardian Information

Name of parent/guardian #1: _____

Address: _____ City: _____

Cell phone: _____ Home phone: _____

Email: _____

Parent/Guardian Information

Name of parent/guardian #2: _____

Address: _____ City: _____

Cell phone: _____ Home phone: _____

Email: _____