



Millet & District Minor Ball Association

PO Box 60 Millet, AB T0C 1Z0

Email: MilletMinorBall@gmail.com Website: MilletMinorBall.com

EMERGENCY MEDICAL INFORMATION

Child Name: _____ Alberta Health Care # _____

Age: _____ Birthdate: *Month/Day/Year*

Mailing Address: _____

Physical Address if different: _____

Parent/Guardian#1: Name _____ home ph: _____ cell ph: _____

Parent/Guardian#2: Name _____ home ph: _____ cell ph: _____

Alternate Emergency Contact

Name _____ home ph: _____ cell ph: _____

Doctors Name _____ Phone: _____

Hospital Preference: _____

Important Medical Information (i.e. any allergies):

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 child/children. I accept financial responsibility in excess of the benefits allowed by Alberta Health Care.

I ALSO AGREE THAT MILLET MINOR BALL and its 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 and the Ball Association.

Parent/ Guardian Signature

Date