PLAYER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:

PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALTERNATE PERSON TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIAN):
NAME :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO PLAYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’SPHYSICIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES(IFANY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENT MEDICATION (IF ANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST TETANUS IMMUNIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned, the parent(s) or legal guardian(s) of the above named minor, hereby authorize my child’s coach or any other official of Alberta Athletics Elite Softball Academy (hereafter referred to as just Alberta Elite but deemed to be the same) to consent to any medical examination or treatment, including hospitalization and/or surgery, which is deemed advisable, appropriate or necessary by duly licensed physicians, emergency medical technicians, paramedics or other medical practitioners in order to properly care for my child in the event she sustains injury or is suffering from any illness during the course of any playing or non-playing activities of Alberta Elite; provided, however, the foregoing consent or authorization shall be valid only in a situation where a parent or legal guardian of the above named minor is not reasonably available to provide the necessary consent to medical treatment.

I also give my permission for my child to represent Alberta Elite, a competitive softball team, and to accompany her team to any of
its local or out of town tournaments, games or practices. In the event my child is injured or becomes ill during the course of any playing or non-playing activities of the Alberta Elite, I hereby authorize her coach or any other official of Alberta Elite to administer or obtain appropriate first aid, and if necessary, to transport my child to a physician or hospital for further treatment. I hereby consent to my child’s participation in any and all activities of Alberta Elite, and I agree to release, indemnify and hold harmless Alberta Elite, and its officers, directors, and agents, from and against any liability of any kind arising out of the activities of Alberta Elite or transportation to and from such activities.

I understand that participation in competitive athletics involves risk of physical injury or death which cannot be totally eliminated. However, players may reduce such risk by following a proper conditioning program, wearing or using helmets and other appropriate safety equipment, and properly reporting any injury to their coaches. In allowing my child to participate in the activities of Alberta Elite, I understand that I am expressly assuming the risks referred to above and releasing Alberta Elite from any and all liability arising out of or relating to the activities giving rise to such risks.

SIGNATURE OF PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_