



In Case of Emergency Consent Form

Brantford Galaxy YSC

To be signed by parent / guardian at the time of Club Registration.
Keep at location of sport activities at all times

I hereby certify that I am the legal parent/guardian of: _____ (participant's name) who is under 18 years of age and I hereby consent to any emergency medical procedures which may be deemed necessary by a licensed medical practitioner as a result of his/her involvement in a sport activity.

Name of parent/guardian: _____ (Please Print)
Signature of parent/guardian: _____ Date: _____
Address: _____
Home Phone #: _____ Business #: _____ Cell#: _____

Witness: _____ (Please Print)
Witness: _____ (Signed) Date: _____

Confidential Participant Information

Name: _____ Birth Date MM\DD\YYYY: _____

Emergency Contact 1:

Name: _____
Home #: _____ Cell #: _____ Business #: _____

Emergency Contact 2:

Name: _____
Home #: _____ Cell #: _____ Business #: _____

Family Doctor: _____ Phone Number: _____

Health Card Number: _____

Medications: _____

Allergies: _____

Medications carried: _____ Administered by: _____

Previous injuries / other concerns: _____

KEEP AT LOCATION OF SPORT ACTIVITIES AT ALL TIMES