

**KELOWNA MINOR FOOTBALL  
PLAYER MEDICAL FORM**

Name of registrant \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Telephone number where parent may be contacted names of parents \_\_\_\_\_

Home \_\_\_\_\_ cell \_\_\_\_\_

Work \_\_\_\_\_ relative/friend \_\_\_\_\_

In the case of emergency, it is important that the coach or first aid person in charge has the necessary information about any medical condition which could effect the treatment of your child. All information will be kept in strict confidence. It is in the best interests of your child that full and accurate information should be given.

Any known allergy to medicine \_\_\_\_\_

Any medical condition that a doctor may need to be aware of before carrying out an examination (asthma e.g.) \_\_\_\_\_

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Any other additional information that you may want to make us aware of

\_\_\_\_\_

Name of family doctor \_\_\_\_\_

Doctors Phone # \_\_\_\_\_ Childs Health care # \_\_\_\_\_

I understand the risk involved and give permission for my child to participate in the playing the sport of football. I hereby consent to allow any coach , first aid person or affiliate associated with KMFA to administer the appropriate treatment necessary to my child in case of injury or illness. On behalf of myself , my heirs, administrators, and assigns forever release and hold harmless Kelowna Minor Football Association and any of its members or volunteers from loss and any or all liability arising from any act or omission on their part resulting from injury, fatality, illness or damage of property occurring as a consequence of the said participant. I have read and understand the consent in which I now sign.

Parent's Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_