



# Tsawwassen Amateur Baseball Association

## PLAYER MEDICAL INFORMATION

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DIVISION: \_\_\_\_\_

NAME \_\_\_\_\_

*Last Name, First Name*

CARE CARD # \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Month Day Year*

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

Mother: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

*Name*

*Cell Phone*

*Work Phone*

Father: \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

*Name*

*Cell Phone*

*Work Phone*

### EMERGENCY CONTACT

*(This person will be contacted if both parents are unavailable)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### TREATMENT PROVIDERS

Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### MEDICAL CONDITIONS

Are you aware of any medical conditions, injuries or allergies which may effect this participant?  Yes  No

If yes, please explain: \_\_\_\_\_

Does this participant require regular medication?  Yes  No

If yes, please provide name: \_\_\_\_\_

If yes, is player aware of procedures to administer own medication if necessary?  Yes  No

*I understand that in any sport there is potential for injury. I hereby give my permission for the above named student to participate in the TABA Baseball program and my approval for the coach or supervisor in charge to arrange for qualified medical attention in the event of an emergency. I understand that I will be notified by the quickest means possible if this approval is exercised.*

PARENT / LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_