



NCBA Player Emergency and Medical Release Form



This form must be completed for any Player to play with the NCBA. This Medical Form, along with the team roster, must be carried by the Team Manager (Coach) at all times (practices and games) in the event medical treatment for a player is required and the parent/guardian is not available.

Player Information PLEASE PRINT CLEARLY

Player's Name _____
Gender M/F _____ Date of Birth _____ Care Card Number _____
YYYY MM DD
Player's Address: _____ City _____ Postal Code _____

Parent/Guardian Contact Information 1ST CONTACT IN CASE OF EMERGENCY

Parent/Guardian Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____
Parent/Guardian Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

If Parent(s)/Guardian Cannot be Reached Contact 2ND CONTACT IN CASE OF EMERGENCY

Name _____ Relationship to Player _____
Home Phone _____ Work Phone _____ Cell Phone _____

Medical and Allergy Information

Please note any medical conditions or allergies (including food allergies) we need to know about the participant:

ANY MEDICAL PROBLEMS - Y/N _____ If yes, please list any allergies/medical problems, including those that require maintenance medication. (E.g. Diabetic, Asthma, Seizure Disorder)

ALLERGIC TO ANY DRUGS - Y/N _____ If yes, please list the drugs _____

Concussion Information

Has the player ever had a previous concussion? Y/N _____ If yes, please list any previous concussions and dates they took place.

Tetanus Vaccine

Doctor

Date of last Tetanus Shot _____ Family Physician _____ Phone _____

Height _____ Weight _____ Contact Lenses Yes No

The purpose of the above listed info is to ensure that medical personnel have details of medical issues which may interfere with or alter treatment.

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in baseball.

Waiver

It is expected that parents/guardians be at games and practices, and is required for all players under 12 years old. However, at times there are occasional absences and we I/we being the parent(s) or legal guardian(s) of _____ (name of NCBA Player), do hereby appoint the supervising Newton Canadian Baseball official to act on my behalf in authorizing unexpected medical, dental, surgical care, or hospitalization for said player, in my absence and I authorize the Newton Canadian Baseball official to grant consent to medical doctors and emergency staff at a hospital or emergency facility to conduct the required tests and provide the necessary medical treatment and/or care to the above named player, IF I, MY SPOUSE OR LEGAL GUARDIAN CANNOT BE REACHED. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the length of the season.

Signature of Parent or Guardian _____ Date _____

You will upload this form with your Online Registration, but please bring a copy of this form to the coach on the first day of practice.