



# JARVIS MINOR BALL SOFTBALL REGISTRATION & MEDICAL FORM



PLEASE PRINT CLEARLY

NAME OF CHILD			
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MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	TEAM PLAYED FOR LAST YEAR	DATE OF BIRTH MM/DD/YYYY	AGE BY DEC. 31 OF CURRENT
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911 ADDRESS	TOWN	POSTAL CODE
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**PARENT INFORMATION**

PARENT 1 NAME	PREFERRED PHONE	MOBILE <input type="checkbox"/> LAND <input type="checkbox"/>
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GUARDIAN 2 NAME	PREFERRED PHONE	MOBILE <input type="checkbox"/> LAND <input type="checkbox"/>
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E-MAIL ADDRESS (Please Print Clearly)
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EMERGENCY CONTACT (if parent is n/a)	RELATIONSHIP TO PLAYER	CONTACT PHONE #	MOBILE <input type="checkbox"/> LAND <input type="checkbox"/>
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**PLEASE CHECK IF ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS RELATING TO YOUR CHILD**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> REQUIRES AN EPI PEN   | <input type="checkbox"/> CARRIES EPI PEN WITH THEM         | <input type="checkbox"/> KNOWS HOW TO USE THEIR EPI PEN |
| <input type="checkbox"/> WEARS GLASSES   | <input type="checkbox"/> LENSES ARE SHATTERPROOF           | <input type="checkbox"/> WEARS CONTACT LENSES           |
| <input type="checkbox"/> PREVIOUS HISTORY OF CONCUSSIONS                                     | <input type="checkbox"/> FAINTING EPISODES DURING EXERCISE | <input type="checkbox"/> ASTHMA                         |
| <input type="checkbox"/> TROUBLE BREATHING DURING EXERCISE                                   | <input type="checkbox"/> WEARS DENTAL APPLIANCES           | <input type="checkbox"/> HEARING PROBLEM                |
| <input type="checkbox"/> HEART CONDITION   | <input type="checkbox"/> DIABETIC                          | <input type="checkbox"/> TYPE 1                         |
| <input type="checkbox"/> MEDICATION _____  | <input type="checkbox"/> ALLERGIES _____                   | <input type="checkbox"/> TYPE 2                         |
| <input type="checkbox"/> OTHER MEDICAL CONDITIONS OR INFORMATION THAT WE/COACHES SHOULD KNOW |  |   |

**PLEASE CHECK FOR THE FOLLOWING**

- I HEREBY GIVE PERMISSION FOR PICTURES OF MY CHILD TO BE USED ON THE JARVIS MINOR BALL WEBSITE/FACEBOOK WHILE SAID CHILD IS PARTAKING IN JARVIS MINOR BALL ACTIVITIES. YES  NO
- I UNDERSTAND THAT HELMETS ARE A MANDATORY PART OF MY CHILDS UNIFORM AND WILL ENSURE THAT HE/SHE HAS A WELL MAINTAINED ONE. YES  NO
- I UNDERSTAND THAT MY REGISTRATION FEE IS FOR LEAGUE PLAY ONLY AND THAT THE ORSA'S/TOURNAMENTS ARE AT THE DISCRETION OF THE COACH/MANAGER. YES  NO
- I HAVE RECEIVED THE CODE OF CONDUCT WITH MY CHILD AND WE ARE AWARE OF OUR RESPONSIBILITIES. YES  NO
- I AM INTERESTED IN HELPING WITH THIS JARVIS MINOR BALL TEAM. YES  NO
- HEAD COACH   
  ASSISTANT COACH   
  MANAGER   
  HELPER
- I AM INTERESTED IN PARTICIPATING WITH THE EXECUTIVE OF JARVIS MINOR BALL. YES  NO

**I HEREBY RELEASE AND ABSOLVE THE JARVIS AMATEUR ATHLETIC ASSOCIATION, COACHES, JARVIS LIONS, HALDIMAND COUNTY OR THE JARVIS LIONS PARK STAFF FROM ANY RESPONSIBILITY DUE TO INJURY BY PARTICIPATING IN ACTIVITIES OR SPORTING EVENTS.**

**IN THE EVENT OF A MEDICAL EMERGENCY AND THAT NO ONE CAN BE CONTACTED, TEAM MANAGEMENT WILL ARRANGE TO TAKE MY CHILD TO THE HOSPITAL OR A PHYSICIAN IF DEEMED NECESSARY. I HEREBY AUTHORIZE THE PHYSICIAN AND NURSING STAFF TO UNDERTAKE EXAMINATION, INVESTIGATION AND NECESSARY TREATMENT OF MY CHILD. I AUTHORIZE RELEASE OF INFORMATION TO APPROPRIATE PEOPLE (COACH, PHYSICIAN) AS DEEMED NECESSARY.**

SIGNATURE _____	DATE _____
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SPECIAL REQUEST
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**JARVIS MINOR BALL USE ONLY**

REGISTRATION AMOUNT	VOLUNTEER FEE	TOTAL PAID	CHEQUE #	CASH
TEAM	REGISTRAR'S INITIALS		RECEIPT #	